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the newsweekly for pharmacy

February 25, 1989

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up 9pc but
PMR delay**

**Organon wins
mianserin case
against DoH**

**PGC announces
'corrective' fee
scale for March**

**Budget plans for
GPs explained**

**20pc ceiling
put on retail
rate increases**

**Clinical series:
feeling liverish?**

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COMMENT

This week PSNC chairman David Sharpe identified pharmacy with the Government's health White Paper objectives of providing better healthcare with greater patient choice together with increased satisfaction and rewards for the providers, when welcoming Health Minister David Mellor to their annual dinner. Mr Mellor endorsed his aims. Where they differ is on the method and scale of payment and the number of services to be provided: not surprisingly Mr Mellor is both parsimonious and has a restricted vision.

Mr Mellor described the cost-plus method of payment as "archaic" and "not providing incentives for efficiency". Mr Sharpe reminded him that DoH accountants had noted the system "did not provide inducement to perform specific activities although it does provide incentives to maximise efficiency".

Without cost-plus pharmacists are faced with escalating costs over which they have no control and no redress through the NHS. Contractors understand this. Yet Mr Mellor had the nerve to suggest that the lump sum back payment of £5,000, plus the increase in remuneration of 7.5 per cent for the coming year, was enough to satisfy Mr Sharpe himself.

Contractors will find little appeal in cash today if there is little prospect of real increases tomorrow.

Equally important is the inability of the DoH and PSNC to agree on payment scales and regimes for maintaining patient medication records and supervising medical supplies to residential homes. When the only two new NHS pharmacy roles experience such a difficult birth what prospect is there for the introduction of more. A meaningful stage 2 of the contract seems further away than ever as does the Pharmacists' Charter propounded by PSNC a year ago. It is not good enough for Mr Mellor to pay lip service to the healthcare potential of pharmacy.

Pharmacists can commercially exploit their unique position, introducing services such as appliances and aids for the elderly, blood pressure, cholesterol and blood sugar testing, etc. But how much better if this were done within the NHS.

Mr Sharpe spelt out some of the savings that pharmacy has brought to the NHS and can yet bring. These examples and others must be used by pharmacists and PSNC to hammer home the message that NHS funding of preventative healthcare through pharmacies can and must bear fruit.

Global sum up but PMR delay announced by Sharpe

The Pharmaceutical Services Negotiating Committee has agreed a remuneration package for community pharmacists for the coming financial year which sees an increase of 9 per cent in the global sum. Lump sums will be paid in May and September in the final clearing of the cost-plus contract which the Government announced last December it was abandoning.

Announcing the details of the 1989-90 package at the Local Pharmaceutical Committee Conference at the Inn on the Park, Park Lane on Tuesday, David Sharpe, PSNC chairman, said the offer was made by the Department of Health in a letter to

him, to which he replied on February 14.

Mr Sharpe pointed out that the figures referred to the actual remuneration that contractors as a whole would receive. He said that, as a businessman, he was more concerned with a comparison between this year and last.

Looking down the list, Mr Sharpe told contractors that the 6.2 per cent increase in professional fees applied to similar bands as now. The first 1400 prescriptions a month would attract a fee of £1.34 an item (up from £1.30), the next 5250 a fee of 61.5p (61p) and the rest a fee of 68p (67p).

These figures were calculated on forecasts of a 3.8 per cent volume increase in the number of scripts, and a 9.1 per cent increase in the net ingredient cost, to an average £5.55.

"Many of you will say that is not the sort of increase that you are seeing in script numbers, but it is only a forecast, and the best information we have nationally is that there will be an increase in that range," Mr Sharpe said.

"For the following year's remuneration — 1990/1 — the Department will 'take into account' any rise in the forecast in establishing remuneration," he added. "I also had in the letter to me a statement that if during the course of the year, prescription volume forecasts appear to go very wrong indeed, they will continue to adjust the fees."

The amount set aside for period of treatment fees has gone up 4.4 per cent to £11.9m, though Mr Sharpe said the fee would remain at 30p. "Other fees"

were forecast to rise by 10.7 per cent, to £14.5m, while oxygen payments were expected to amount to £8m in the coming year.

Oncost payments are expected to rise 13.3 per cent following the estimations of NIC increase and volume increase. Mr Sharpe said the demise of cost plus had led to some misunderstanding, but oncost was not being lost.

Mr Sharpe had, however, more sobering news on patient medication records and domiciliary visiting. The 1.8m set aside last year for six months operation of the schemes now appear in the 89/90 balance sheet, along with a further £3.6m allocation for the full year. However, April 1 implementation date was now a non-starter.

"The problem we are faced with is how to measure in advance how many contractors will comply with the standards we lay down for the maintenance of PMRs. Obviously, if all 10,000 contractors take up PMRs and we divide the money up, fees will be fairly small. So we are still discussing with the Department the implementation of the scheme."

Mr Sharpe said the

Department was looking towards a June 1 starting date. But he had made forecasts himself in the past and he was not going to commit himself on another one. "There is no desire on either side to hold up payments for these services."

Mr Sharpe then turned to the question of lump sum payments which were, he said, "of considerable interest to everyone". There will be a further two, on May 1 and September 1. The May payment in round figures will be £2,400 to every contractor. The September lump sum, which will take into account the closing balance sheet of the cost plus contract, is expected to be around £3,000 per contractor, though with the end of the financial year still a month away, any figure could only be a forecast. Mr Sharpe said. Contractors in contract for only part of the year would receive sums based on the number of months they had been operating.

As a package that added up to an overall increase in remuneration of 9 per cent over 1988/89, Mr Sharpe said. A comparison of year on year breakdown for pharmacies in different prescription number bands is given in Table 2.

NHS remuneration scales comparison 1988-89/1989-1990

	GROUP					
1989/90	0-16000	16001-28000	28001-40000	40001-56000	56001-85000	85000+
Rx Band p.a.	1	2	3	4	5	6
Av. Rx p.m.	900	1956	2806	4076	5730	8790
	p/Rx	p/Rx	p/Rx	p/Rx	p/Rx	p/Rx
Fees	134.00	113.39	97.67	86.40	79.21	74.62
Oncost	27.77	27.77	27.77	27.77	27.77	27.77
POT Fee	3.05	3.05	3.05	3.05	3.05	3.05
Other	7.31	7.31	7.31	7.31	7.31	7.31
	172.13	151.52	135.80	124.53	117.34	112.75
Total	£1549.17	£2963.73	£3810.54	£5075.84	£6723.58	£9910.72
Lump Sum (1)	£85.59	£142.26	£166.31	£210.33	£267.56	£373.58
Lump Sum (2)	£110.01	£210.71	£270.95	£361.61	£479.35	£706.65
	£1744.77	£3316.70	£4247.80	£5647.78	£7470.49	£10990.95
1988/89	p/Rx	p/Rx	p/Rx	p/Rx	p/Rx	p/Rx
Fees	130.00	110.39	95.30	84.70	77.86	73.45
Oncost	25.44	25.44	25.44	25.44	25.44	25.44
POT Fee	3.05	3.05	3.05	3.05	3.05	3.05
Other	6.70	6.70	6.70	6.70	6.70	6.70
	165.19	145.58	130.49	119.89	113.05	108.64
Total	£1486.71	£2847.54	£3661.54	£4886.71	£6477.76	£9549.45
Lump Sum	£51.39	£111.68	£160.22	£232.73	£327.18	£501.90
Total	£1538.10	£2959.22	£3821.76	£5119.44	£6804.94	£10051.35
Increase Excluding Lump Sum Payments	4.2%	4.1%	4.1%	3.9%	3.8%	3.8%
Increase Including Lump Sum Payment	13.4%	12.1%	11.1%	10.3%	9.8%	9.3%
Increase Including Rx Volume Forecast	17.2%	15.9%	14.9%	14.1%	13.6%	13.1%

Notes:

Lump Sum (1) 9.6% of 1987/88 fees & oncost less lump sum paid 1 July 1988
Lump Sum (2) 7.4% of 1988/89 remuneration excluding lump sum (estimated)
1989-90 fees based on 134:61.5:68 p/Rx.



PSNC chairman David Sharpe

NHS remuneration payments (forecast)

	1988/89	1989/90	Increase
	£m	£m	%
Professional Fees	342.7	364.1	6.2
Fees (Period of Treatment)	11.4	11.9	4.4
Other Fees	13.1	14.5	10.0
Oxygen Fees	7.3	8.0	9.6
Oncost	95.0	107.6	13.3
Rota	3.4	3.8	11.8
PRT Grants	1.3	1.4	7.7
ESPS	1.0	1.1	10.0
Residential Homes/PMRs	—	5.4	—
	475.2	517.8	9.0
Lump Sum	20.8	56.0	
	496.0	573.8	15.7
Prescription Volume m	374.76	389.16	3.8
NIC p/Rx	508.86	555.30	9.1

Key players in NHS team are pharmacists

Community pharmacists see themselves as key players in the NHS team. They can help the Government attain its objectives of providing a health service which meets the needs of patients if it gives them the financial incentive to do so, PSNC chairman David Sharpe told Health Minister David Mellor at Tuesday's dinner.

Contractors are proud of the role they play within the health service yet the words "community pharmacist" appear only once in the recent NHS White Paper, almost as an afterthought. This is a major disappointment, said Mr Sharpe, given that PSNC shares the Government's two main objectives: First, to give patients better healthcare and greater choice of the services, and second, greater satisfaction and rewards for those who successfully respond to patients' needs.

"No other health professionals have done more in recent years to meet these objectives than community pharmacists, yet the Department of Health says 'there are limited incentives to efficiency within the cost-plus system of remuneration'. I dispute this vigorously," said Mr Sharpe.

In a report to the DoH, accountants Deloites noted that "the method employed to reimburse costs by means of a general allowance based on sector average cost does not provide inducement to perform specific activities although it does provide incentives to maximise efficiency".

How can the Department justify its rejection of the advice of its own consultants? Mr Sharpe asked. The Medicines Control Agency is to seek powers to levy licence fees to cover its costs. These costs are to be assessed by activity sampling. "How can one branch of the Department suggest such a system when another is telling contractors that cost-plus is not acceptable as a basis of remuneration?" he questioned.

It appears contractors will now be subject to an arbitrary Treasury norm which may or may not cover costs, said Mr Sharpe. There are indications that in the future contractors will suffer cost increases over which they have no control. He quoted as examples the increasing cost of utilities because of privatisation, the uniform business rate, rising commercial rents, the increasing costs of liability insurance and inflated salaries because of fewer

school leavers.

"We are that unique creature in the health service — health care professionals and shrewd businessmen. We are tomorrow's health care business managers today. If we are delivering, why are we being penalised?"

The PSNC's Patients Charter sets out the expanded professional role that pharmacists could play to meet the needs of patients and provide better value for money from scarce NHS resources. Many are now providing facilities to screen for potential health problems, said Mr Sharpe. Such preventative health care saved scarce resources.

It was a PSNC initiative that led to payment for patient medication records to be maintained in pharmacies. "Such records will help pharmacists advise patients," said Mr Sharpe. "One in six of all elderly people admitted to hospital is there as a direct result of their medication. We can help to prevent this."

Domiciliary visits to residential homes will lead to an improvement of services. "We welcome the implementation of these two proposals on promoting better health and look forward to implementation of other areas where pharmacists are uniquely situated to provide a cost effective contribution."

The current White Paper pinpoints the drugs bill as the largest single element of expenditure by family practitioner

services. It also mentions that the selected list saved £75m in its first year. PSNC supported the concept because the savings could be made without detriment to patient care, said Mr Sharpe.

"We want to save the NHS money. As businessmen we know about prudent buying. The system of discounts demonstrates this ability. Over £150m has been clawed back in this financial year. Is this not efficiency?" he asked.

The new contract is yet another example of contractors' willingness to change because it recognised that it was unnecessary to have pharmacies side by side in the High Street.

PSNC is constantly suggesting new ideas for more cost-effective prescribing, said Mr Sharpe. The number of scripts for more than three month's supply has doubled in the last three years, leading to large amounts of drugs being left, often unused, in the home. "We have campaigned again and again for the introduction of triple repeat prescriptions. This would allow pharmacists to closely monitor a patient's progress and also

substantially reduce drug wastage. And what's the cost? An extra prescription pad for every doctor," he said.

Dump campaigns show "astonishing waste". One campaign in Colchester collected medicines worth £30,000. In Cornwall, a sparsely populated county, £150,000 worth of medicines were collected. The White Paper proposes many GPs will become responsible for their own drug budgets. "I wonder how many doctors would know the cost of any proprietary drug let alone its generic equivalent," said Mr Sharpe. Local drug and therapeutic committees consisting of pharmacists and GPs would make available a wide spread of information. Over £3m could be saved annually.

"Community pharmacists have responded to local needs," said Mr Sharpe, and have been rewarded with the abolition of the cost-plus contract. "The service we can provide can only benefit the NHS. This will only happen if the Government gives us the support we need," he concluded.



Health Minister David Mellor replies to David Sharpe's strong statement on pharmacy's contribution to the NHS

Minister's belief in pharmacy

Health Minister David Mellor had little new to say at Tuesday's LPC dinner in response to a strong statement from PSNC chairman David Sharpe of what community pharmacy can offer the NHS.

He reiterated that the section in the 1987 White Paper "Promoting better health" concerning pharmacy remained Government policy, and dismissed suggestions that it was "sinister" that the profession had barely been mentioned in the recent NHS review. Had there been more grievances against the profession it would have featured more often, he suggested.

"The review covers other aspects of the NHS, not areas that we believe to be settled and that we intend to work towards implementing," he said. "We

believe pharmacy provides an important contribution to the NHS and the general health of the population. We are fully committed to the proposals set out in the 1987 White Paper and we want to enhance and widen the role of the pharmacist." Mr Mellor pointed to the introduction of allowances for residential visits and keeping patient medication records as an example of this.

The coming year's remuneration settlement was not ungenerous, he said. "I appreciate there are concerns about the future, but we have said in good faith that we intend to discuss these and we will." However, the cost-plus method of remuneration was archaic and long overdue for change, he insisted. Cost-plus did not give

enough incentives to efficiency. The NHS had to meet any cost pharmacies incurred and then pay an allowance for profit on top.

"Cost inflation within pharmacy does not compare well with retailing overall. These are facts that have to be faced," said Mr Mellor. "There are not many retail businesses that people have to apply to join and where 60 per cent are turned down."

The changes made in pharmacists' remuneration reflect the Government's wider commitment to an efficient competitive Britain, Mr Mellor continued.

Such changes were never accepted easily by those used to old practices, but were essential in the drive for value for money in the public sector.

Organon wins court action to prevent licence variation

Organon Laboratories, manufacturers of the antidepressant mianserin, last Friday won their High Court action against the Department of Health which wants to vary the product licences of two medicines which contain the drug.

Lord Justice Glidewell, sitting with Mr Justice Pill, quashed decisions taken by the Department last November which would have restricted the use of mianserin hydrochloride and Bolydon tablets among the over-65s to patients who did not respond to other anti-depressants or who suffered from glaucoma or prostate trouble.

Mianserin first came onto the UK market in 1976, said the judge. From 1979 reports began to appear about disorders in the circulatory systems of patients who were taking the drug. This was accompanied by the inevitable suspicion that Mianserin was the

cause of the disorders.

Organon, based in Cambridge, had argued that there was no compelling evidence that their product was any less safe than any other anti-depressant. They claimed that the drug's comparative safety in overdose, because of its low toxicity, was a relevant factor which the Medicines Commission, who considered the issue, ought to have taken into account. Overdosing, including attempts at suicide, was more common among the elderly depressed than among younger people.

The judge said it was clear that in taking action the Department had accepted *in toto* the advice of the Medicines Commission. If the Commission had made an error in law then so had the Department. In his judgment, the legal advice given to the Commission, by which they excluded from consideration mianserin's

comparative safety in overdose, was wrong. As a matter of law it was not an irrelevant factor.

It was a matter for the Commission whether, having been told as a matter of law that they could take the safety in overdose factor into account, they should or not. If they did take it into account it was for them to decide what weight they would attach to it as a matter of medical judgment.

Similar judicial review proceedings relating to Norval, produced by Beecham on licence from Organon, were dismissed because Beecham was not a party to the action.

The Department of Health was granted leave to appeal. Organon was awarded its costs.

The Department is to challenge the injunction preventing the release of the CSM newsletter current problems (C&D, February 4, p149).

No Smoking Day's NPA ad

An advertisement from the National Pharmaceutical Association's "Ask your pharmacist" series based on a stop smoking theme is to appear in the national Press on March 8 - National No Smoking Day.

According to the NPA's advertising agency the advertisement is likely to appear in one "quality" and one tabloid daily newspaper.

The NPA has also sent out Press releases to local newspapers and radio stations with offers of pharmacists to interview. Branch public relations officers have been sent the release together with back-up material.

BRIEF

In October 1988 chemists and appliance suppliers in Northern Ireland dispensed 1,201,195 prescriptions at a total gross cost of £7,500,682.61 and £6.24 each.

SHHD meeting sought on needles

The Scottish Executive of the Royal Pharmaceutical Society has asked for a meeting with the Scottish Home and Health Department to discuss needle exchange schemes.

The SHHD has been encouraged by the response to its circular requiring health boards to investigate the sale of injecting equipment through pharmacies, with the exception of those from Greater Glasgow and Lothian.

Greater Glasgow had asked for free needle exchanges through pharmacies instead of a sale scheme which the SHHD refused to sanction. There was a dearth of pharmacies presently willing to operate the SHHD-backed scheme in Glasgow itself.

The Nursing Homes Registration (Scotland) Regulations 1988 were also discussed at the January meeting of the Executive. They provide for a register to be kept of all pharmacists who provide professional services to patients.

The Executive agreed that the chief administrative pharmaceutical officer or his nominee should be present at the first inspection of any home along with the community pharmacist

who will be providing the service. Should problems arise they could be reported to the CAPO. It was also agreed that the community pharmacist could carry out the six monthly inspections on behalf of the CAPO.

The Executive has responded to the draft proposals to develop original pack dispensing, saying it would have preferred a mandatory to a voluntary scheme. The future production of metric packs within Europe could make the production of 28-day and 28-unit packs uneconomic in the short term.

Concern was expressed over the statement that where medicines are supplied in an original pack pharmacists will dispense the pack unopened. Opening the pack could negate a warranty defence, but not opening the pack, by preventing a check on the contents of the pack and by preventing a check on the instructions in patient leaflets, could be construed as an abdication of the pharmacist's professional and contractual responsibilities. Labelling of the pack alone, were that pack to be discarded by the patient, could result in a threat to patient safety and/or compliance.

Although the date for the Scottish Conference was fixed last year for May 21, strong support was given for an October date. The Executive is considering a switch and a provisional booking has been made at the Dunblane Hydro for November 4-5. The theme is "Hypertension".

One month tweak for Scottish fees

An adjusted fee scale comes into effect on March 1 for Scottish contractors for one month only. The lower revised scale reflects the results of the last remuneration survey.

The fees for March are:
For the first 1,299 scripts, 127p (previously 112p)
For 1,300 to 2,999 scripts, 55p (67p)

All scripts over 2,999, 44p (55p)
"This scale reflects a high degree of fairness in the payments made to Scottish contractors and we can now proceed from a firm base in negotiations to establish a fee scale which will be implemented from April 1 under

the new remuneration arrangements," said Graeme Millar, acting chairman of the Pharmaceutical General Council.

The results of the 1987-88 remuneration survey had indicated a more dramatic shift in fees from the higher volume levels would have had to be made to redress the balance of payments. However, the Standing Committee recommended the adjusted scale for one month only.

■ Mr Millar has urged Scottish contractors to attend the special general meeting of the Pharmaceutical Society on April 9, since its outcome could have effects on pharmacy practice.



"I know it's only gone up 15 per cent, but I've still got another van coming later..." (See Business news).

Pharmacists criticised

Pharmacists who have refused to participate in a syringe disposal scheme in Medway, Kent, have been criticised by local newspapers for "dragging their feet" and "not facing up to responsibilities."

And the Boots' policy of not participating in such schemes has also come under fire. Medway Health Authority launched the "Used needle and syringe disposal scheme" about a week ago, and just over 40 per cent of the district's 24 pharmacies are taking part.

Boots, who have three shops in Chatham, are noticeable by their absence. "This is unfortunate and very regrettable", Mr James Armstrong, Medway district pharmaceutical officer, told *C&D*.

But Boots have defended their decision not to get involved in this or similar schemes. The company has looked carefully at the schemes but concluded that the interests of the customers, staff and patients would not best be served by having syringe disposal on premises, a spokesman told *C&D*.

"We think the interests of addicts are best served in AIDS clinics and drug addiction centres, rather than busy retail pharmacies," he said. Boots pharmacists are allowed to sell needles and syringes.

Nystaform withdrawal

There is a minor packaging error on the outer carton of Nystaform HC ointment (batch number 43198) in which the hydrocortisone content is given as 0.5 per cent instead of 1.0 per cent, as shown on the tube. The tube is correctly labelled in every way. Bayer ask that all stocks of this batch be returned to their Bromsgrove warehouse as soon as possible. Costs of all goods returned will be reimbursed.

Launch off

MGS Formulations have agreed not to launch their de-plaquin mouthwash D'Plak (February 4, p152) following legal action by Unicliffe who announced the launch of Plax in January (January 7, p10). Unicliffe felt the name of the MGS product was too similar to their own.

TOPICAL REFLECTIONS

by Xrayser

Dismay on Sunday

I am dismayed. Pressure for what is termed a "reform" of the Acts which govern shop opening hours, etc is being mounted by the big and powerful High Street traders. These are not tiddlers who seek to make an honest buck in their little parades. I don't actually object to the proprietors of a business giving up their Sunday holiday, since only they (in theory at any rate) are affected. But my objection to "impersonals" — the national, highly efficient organisations doing this — are based on experience.

I know the pressure put on management. Promotion depends on acquiescence to company requirements. Flexi-hours is just one euphemism for the demands on management. Staff must accept an endless commitment to company requirements as their only apparent route to success and promotion. Talk about voluntary staffing during Sunday opening is just talk. What freedom does the employee really expect to have?

I'm not concerned about religious observance, since perhaps less than 10 per cent of the population are church attenders. But I believe one day of rest is an essential for the health of the nation and there are overwhelming advantages in retaining Sunday as that day.

I sincerely hope pharmacists will do what they can by letters to newspapers and MPs, to prevent seven-day trading, if only for the self-interest. How would you compete if all the chain grocers and pharmacies start seven-day trading? Think about the effect on your business. If you were forced into Sunday trading, how would you cope in personal terms? What about your staff and the increased wage and overhead bills?

At base my objections are social. Life of the country would be fundamentally



altered if seven-day trading became the norm. Not so much "World without end" as "work without end". An undifferentiated 363-day working week. This assuming two public holidays are allowed to remain...

Im-patient records

I have been thinking about patient records for so long now that I have a headache.

The advantages of patient medication records, capable of being viewed by the pharmacist, are in the long term interests of the patient. The main problem is the logistics of establishing and maintaining those records.

Pharmacy retained records are the simplest to administer and, for targeted groups of patients who do not visit other pharmacies, relatively easy to maintain. But what of the vast majority of patients who are neither tied to one pharmacy by geographical monopoly, or are sufficiently mobile not to want to use only the services of one pharmacy? For these patients the only reasonable system would be one held by them, but I question whether the necessary finances will ever be available for smart cards.

I conclude that the only reasonable way forward must be by manually updated, patient held medication cards which have local acceptance by all health professions in an area, and which can be updated simply via the pharmacy computer. I understand a pilot scheme is planned for Barnet, sponsored by Astra Pharmaceuticals. This scheme uses full duplicate labels to be stuck in a record booklet. I wonder whether, with a little refinement of the software, an abbreviated label could be produced which would not directly identify a particular pharmacy and which could also make the record card both smaller and cheaper to produce. End of headache?

SCRIPT SPECIALS

Aerolin Autohaler



The Aerolin Autohaler (£11.50 trade), available next week from 3M Riker, automatically releases a dose of salbutamol when the patient inhales through the mouthpiece. There is no need to synchronise inhaler actuation with correct breathing, a common problem for asthma sufferers using the conventional "press and breathe" inhalers.

Similar in size and shape to conventional inhalers, Aerolin is ready loaded to deliver 200 doses of salbutamol sulphate equivalent to salbutamol 100mcg. The patient removes the mouthpiece cover, pushes a lever at the opposite end into the "on" position and breathes in, which triggers the firing mechanism.

The Autohaler, which took seven years to develop, is said to be so sensitive it can be used by young children and those with severely compromised lung function. The company says only the new autohaler should be supplied against prescriptions for Aerolin Auto, and old stock must be returned to wholesalers for credit before March 31.

Almost half the 300 patients in a trial carried out by Taylor Nelson Medical preferred Aerolin to any of the alternatives, as did two-thirds of 200 GPs, of whom 40 per cent put simplicity of use as their main reason. The product licence number is PL68/0117. 3M Riker. Tel: 0509 611611.

Abbot launch children's Ensure

Paediasure is a new liquid feed, which Abbott say is the first to be formulated especially for young children. This extension to the Ensure range, reduces the need to adapt infant and adult feeds for children aged one to six years say Abbott.

Recommended for those with higher than normal energy and nutrient requirements or a diminished food intake, the product contains the recommended daily allowances of nutrients and vitamins and well as providing for extra requirements of illness.

Paediasure contains 1kcal of energy per ml, consisting of 12 per cent protein, 44 per cent fat and 44 per cent carbohydrate. It can be given orally or by nasogastric tube, as total or supplemental enteral nutrition. Paediasure is vanilla flavoured and comes in pull ring cans of 237ml (24 £42.57 trade). The product cannot be prescribed on FP10s but Abbott say they have applied for Advisory Committee on Borderline Substances listing. Abbott Laboratories Ltd. Tel: 0795 580099.

High strength Kabikinase

Kabivitrin have introduced Kabikinase 1.5 million iu for the treatment of acute myocardial infarction (AMI).

The strength of streptokinase used in clinical trials published last year, showing a substantial decrease in mortality in AMI patients who had been given the drug within 12 and 24 hours of onset of symptoms, say Kabi.

Kabikinase 1.5 million iu (£85 trade) is given as an intravenous infusion over 60 minutes. Side effects, warnings, etc are for other Kabinase preparations. A contraindication against use

during pregnancy has been added, because of an increased risk of placental separation. The product licence number is 0022/0070. Kabivitrin Ltd. Tel: 0895 51144.

Condyline

Condyline is a treatment for penile warts that will be available from Gist-Brocades, from March 6.

It is a colourless alcoholic solution of podophyllotoxin 0.5 per cent and is for topical use on penile warts (*condylomata acuminata*) located in the preputial space. Condyline is applied twice daily for three days, treatment may be repeated at weekly intervals, for a total of five weeks if necessary.

Special applicators are supplied and not more than 50 applicators-full should be used for each treatment. Lesions greater than 4 sq cm should be treated under direct medical supervision.

The product comes as vials fitted with child-proof caps (3.5ml, £16 trade) which should be discarded six weeks after opening. The product licence for this POM is 0166/0142. Brocades (GB) Ltd. Tel: 09323 45536.

Warticon

Warticon, Cph (UK)'s treatment for genital warts containing podophyllotoxin 0.5 per cent, has been reformulated and can now be kept at room temperature instead of in the fridge.

Phosphoric acid has replaced acetic acid as the stabiliser, and following discussions with the Department of Health, methylrosaniline has been removed and the solution is now colourless. Cph (UK) Ltd. Tel: 06845 67532.

Galfer syrup

Galen are extending the range of Galfer products with the introduction of a syrup.

Galfer syrup contains ferrous fumarate 140mg in 5ml equivalent to 45mg elemental iron, and can be used for iron deficiency

anaemia. The dose for adults is two 5ml spoonfuls once or twice daily before meals, or half — one 5ml spoonfuls for children.

Galfer syrup (100ml £2.54 trade) is a Pharmacy medicine and the product licence is 0440/0054. Galen Ltd. Tel: 0762 334974.

BRIEFS

Cox are making some changes to their salbutamol and spironolactone tablets. Salbutamol 2mg will have a deeper pink colour and be marked with the company logo and "sb12", spironolactone 100mg will be buff coloured and marked "cox/sp". Cox Pharmaceuticals Ltd. Tel: 0271 75001.

Bridge Pharmaceuticals say that Dytac and Dytide are now supplied in original packs of 30 capsules. Prices remain unchanged. Bridge Pharmaceuticals. Tel: 0707 326355.

Buspar is now available in calendar packs of 126 by 5mg tablets (£40.32 trade) packed in six blisters of 3 by 7 tablets, say Bristol Myers Pharmaceuticals. Tel: 0895 639911.

Catapres 0.3mg tablets are to be available in packs of 84 (£12.56 trade) instead of 100 from mid-March. Boehringer Ingelheim Ltd. Tel: 0344 424600.

Boehringer Ingelheim say they are discontinuing Celevac granules, because raw materials no longer meet specifications, and no alternatives have been found. Tablet production has been increased and two to three tablets are equivalent to a level teaspoon of the granules say the company. Boehringer Ingelheim Ltd. Tel: 0344 424600.

Approved Prescription Services have added the following to their generics range: diltiazem 60mg tablets (100, £16.50), aqueous cream (500g, £1.40); erythromycin 125mg in 5ml (100ml, 10s £15) and 250mg in 5ml (100ml, 10s £22); emulsifying ointment (500g, £1.52) and white soft paraffin (500g £1.74, all prices trade). APS Ltd. Tel: 06284 75204.

H. N. Norton say oxytetracycline 250mg tablets will now be printed with their twin triangle logo (1000 £11.82 trade). H. N. Norton & Co Ltd. Tel: 01-530 7166.



BAD TASTE ADVERTISING WORKS.



Sales of Gold Spot Original, Mint Cool and Ice Fresh are up a breath taking 40%, thanks to some very tongue in cheek commercials in TVS, Granada and Anglia. So we're now not just brand leader but also the fastest growing brand in the fastest growing toiletries category. A position we'll maintain by showing our commercials in a lot more regions. So many, in fact, that if you don't stock up with Gold Spot now you may well end up out of pocket, with a bad taste in your mouth.

FOR INFORMATION ON HOW TO ORDER CALL CAROL REARDON ON SLOUGH (0753) 79526 OR SEE YOUR NICHOLAS TOILETRIES SALES REPRESENTATIVE



COUNTERPOINTS

Vetchem initiative

Vetchem are mounting a campaign to encourage the public to buy vet medicines through pharmacies.

For £30 annually, pharmacists will receive marketing support and technical information to help them sell ethical medicines not available through pet shops. POS material featuring a new, diamond-shaped logo in bright yellow and blue aims to attract customers to the "Petcare centre" where they can ask for advice, the logo is featured on a window sticker and shelf talker, and "Ask your pharmacist" promotional material will be available in-store.

Vetchem is an association of eight pharmaceutical wholesalers specialising in supplying veterinary medicines exclusively to pharmacies. They say their buying power will enable them to secure bonuses from manufacturers and, in addition, pharmacies taking part in the scheme will receive annually a 2 per cent retrospective discount on their purchases. These deals should more than cover the £30 subscription, Vetchem believe.



Training and product meetings are being arranged for pharmacists and their staff, together with Press articles promoting the pharmacy as a source of animal medicines. The promotion is planned to maximise on National Pet Week, being held from April 30-May 7.

Vetchem are also considering organising pharmacies with both human and animal medicines, at agricultural shows. Vetchem. Tel: 05432 53388.



New look for Seven Seas

Seven Seas are celebrating over 50 years of producing Pure Cod Liver Oil by relaunching the entire range, and adding new one-a-day capsules.

The new packaging features co-ordinated combinations of orange, yellow and red to strengthen the identity of products across the range, and is intended to communicate that the product is about "good health naturally".

Cod liver oil has recently enjoyed a boom in sales due to scientific endorsement for its use in the relief of arthritis and improvement in the skin condition psoriasis, say Seven Seas. Pure Cod Liver Oil is the only brand with a product licence for the relief of joint pains and stiffness. Stockists should expect to see the new look packaging being phased in from March, says the company.

March also sees the introduction of one-a-day Pure Cod Liver Oil capsules, which will be sold as a health supplement aimed at younger people. The launch will be supported by a public relations campaign and national advertising in May.

One-a-day capsules (30 £1.89, 60 £2.89) are enriched with vitamins A, D and E, and one

capsule, taken daily with liquid, provides the recommended daily amounts of vitamins A and D.

The launch of the capsules has partly been prompted by the fact that Boots have created a selection of supplements on self service shelving and Seven Seas perceived a gap in the market. *Seven Seas Healthcare Ltd. Tel: 0482 75234.*

Ultra Glow seek to hide

Ultra Glow are introducing a product called Conceal, which they say is the perfect cover up for dark circles under the eyes, small blemishes and fine lines.

Ultra Glow also say that when the concealer (£4.95) is applied lightly onto the eyelids it provides a good base for eyeshadow. It comes in 13g bottles with deer's foot applicator which makes this water-based, non-oily formulation quick and easy to apply, they say.

Concealer will be available from March. *Ultra Glow. Tel: 01-607 9983*

Robinsons ring the changes

Robinsons soft drinks are introducing a number of new products and pack changes including high juice harvest fruits squash in March.

Robinsons say that the blend of apple, blackcurrant, strawberry and blackberry juices achieved excellent results in tests with two thirds of mothers saying that they would buy the product.

Harvest Fruit Juice (£0.85, 750ml) is made with 40 per cent fruit juice, and has no artificial colours or sweeteners. A special trial size bottle will retail at (£0.19 250ml).

Robinsons are also launching an apple and strawberry variety (£0.85) into their children's whole fruit drinks range. Apple and strawberry, like the other juice drinks has no artificial colours and contains real juice. It will come in one litre PVC bottles.

In March, two new concentrate varieties will be added to the ready drinks market — original high juice harvest fruit, and apple and strawberry juice triple packs (£0.27, 250ml and triple pack £0.78).

Four of Robinsons ready drinks — orange, apple and blackcurrant, orange pineapple and lemon, and blackcurrant juice drink, are being launched as nine packs in 1989. And during theyear Robinsons will be introducing U-shaped straws on all their ready drinks packs.

To support this programme of product and packaging development, Robinsons will be spending more than £2m over the Summer period on a mix of television and Press advertising.

A womens' Press campaign from May to August will highlight the benefits of new Harvest Fruits original high juice, special apple & blackcurrant and apple & strawberry juice drink. Each will have a money off coupon encouraging consumer trial of the new varieties.

For the first time, additional advertising will target children under 12 through a Summer campaign in childrens' comics and magazines. *Robinsons Soft Drinks. Tel 0603 660166*

FOUR GIRLS THAT WON'T GET LEFT ON THE SHELF.



These pretty faces on the new Natural, Wild, Chic and Active Harmony Hairsprays won't be adorning your shelves for long. Because from April and May, we're relaunching our range with a massive £3 million advertising campaign to get these young ladies noticed. With four improved non CFC formulas and stylish new packaging, it won't be long before we have a firm hold on the competition. So be prepared to get swept off your feet.

NEW
Harmony
HAIRSPRAY

ELIDA GIBBS: CARING FOR HEALTH AND BEAUTY.

Genesis plus

Genesis Hygiene are launching a number of specialist wipe products into the trade, including travel wipes and phone wipes.

Genesis antiseptic wipes (£1.50, 70 wipes) are the most versatile addition to the range. They are said to be suitable for the domestic, medical and catering markets.

Genesis Fresh Wipes have been introduced for freshening up while travelling. The wipes come in a standard pre-threaded container at £1.50 for 100 or £0.99 for a minipack of 40.

Genesis have also introduced a range of windscreen wipes to keep windscreen, headlights and foglights clear; polish lights on the dashboard, upholstery and interior panels, and anti-grease wipes which are said to cut through oil and grime after engine repairs or wheel changing. (All these wipes cost £1.99 for 40).

Toilet wipes are said to be useful for the elderly chairbound (£1.50 for 60).

And Nursing Wipes are designed for washing down bedbound patients (£1.50, 50 wipes).

Finally, Genesis phone wipes (£1.50, 70 wipes) sterilise the phone mouthpiece. *Genesis Hygiene. Tel: 051 708 6909.*

Elizabeth Arden is tender...

Elizabeth Arden have tried to build an individual and feminine look with their new make-up collection Tender is the Spring.

They say that the colour range, which includes coral, iced pink and raspberry, complement the season's airy, sheer fabrics.

Luxury lipstick comes in raspberry sorbet, sungold coral, shimmered peach, and watery pink at £7.95. Lipgloss comes in clear shine, melon shine, and glossy pink (£6.95).

Luxury nail colours come in rose crystal coral breeze, palest pink and palest peach (£5.95) and slenderline lip pencils come in wild

lilly and berry (£4.95 each).

Power perfection for eyes includes lemonfire, high voltage violet, thunder, trembling teal (£6.95) and slenderline eye pencils come in sapphire, black kohlberry and rosewood (£4.95).

Powder perfection for cheeks comes in peach promises and stardust blush (£10.50).

Both eye and cheek colours are in the existing range but complement the look, say Arden.

The Tender is the Spring collection will be available from mid-March 1989. *Elizabeth Arden Ltd. Tel: 01-784 4000.*

Nursery's bottle

The Nursery deluxe bottle brush from Lewis Woolf Griptight (£0.99) has been repackaged in a more quantity of 10 per inner and 100 per outer. *Lewis Woolf Griptight. Tel: 021 414 1122.*

LA looks

Dep UK are spending £250,000 on a Press campaign.

The campaign will run to April and will include competitions in regional newspapers and advertisements in magazines aimed at the youth market including *My Guy*, *Photolove* and *Oh Boy*. *Dep (UK) Ltd. Tel: 0753 820743.*

Pearls of...



Cussons will be giving away free lip-liner pencils and foam bath sachets during March and April.

A pink pencil (worth £1.00) is on the white foam bath, and a red pencil comes with pink variant.

Triple packs of soap will carry a 20ml foam bath with a 15p off coupon. *Cussons (UK) Ltd. Tel: 061-792 6111.*

A L L T H I S

Mawdsleys' Advanced Dispensary System

- Superb patient records with fast access, to improve customer service.
- Minimised stock holding with easy and accurate stock control.
- A fully maintained wholesaler product file, including all OTCs, prices etc.
- Total data security with unique customised hardware.
- Total peace of mind from guaranteed weekday next-van hardware backup.
- Regular software updates to keep you in the forefront of developments.

Nicholas in ant trap

Nicholas Laboratories are introducing a Vapona ant trap product.

Vapona ant trap is a strong, secure tin which they say is resistant to weather and tampering, and can be left on ant trails and paths.

The trap contains a mixture of attractant and insecticide, which ants digest and carry back to their nests, and Vapona say that this will destroy the colony.

The trap remains effective for up to one month, and will come in colour coded blister cards of two tins. *Nicholas Laboratories Ltd. Household Division. Tel: 0753 23971.*

Anne French

Anne French fragrance free is to be supported by a £500,000 advertising campaign.

Starting in April, advertisements will appear in a range of magazines including *19* and *More* and will be along the lines of the ads used last year. *Whitehall Laboratories. Tel: 01-636 8080.*

Vaseline Dermacare for problem skin

Elida Gibbs are moving into the therapeutic end of the skin care market, with the launch of Vaseline Dermacare lotion and cream which they say has been clinically proven to be effective in the treatment of problematic dry skin conditions.

The launch is supported by a spend of nearly £500,000. A consumer and national advertising campaign is planned, as well as a mail-out of a clinical information to dermatologists, GPs and pharmacists. A Press sampling programme will also be initiated.

Dermacare is available in bottles of 500ml at £3.29, 200ml at £1.65, 75ml handbag size at £0.89, and 100ml cream at £1.39.

To obtain leaflets on the care of severe dry skin. *Elida Gibbs Ltd. Tel: 01-486 1200.*



will offer trial size 50ml conditioners attached to standard size shampoos and vice versa.

The promotion will coincide with the first television advertising burst for 1989, starting in March and featuring a blonde model with soft curly hair and the "your're the lucky one" line.

The special offer, from March 1, is available while stocks last. *L'Oreal. Tel: 01-937 5454*

Vichy's TV boost

Vichy's new television campaign aims to attract new customers to pharmacies stocking Vichy products, by offering viewers one million free skincare kits.

The campaign will run from February 24 to the end of March, and viewers will be able to collect their kit containing samples and a skincare guide from stockists.

The kit contains two shades of Vichy's tinted moisturiser Les Lumineuses; Floral cleanser; a sachet of wrinkle treatment and firming cream; dry skin creams Les Nutritives one and two, moisturising body milk, light day cream with elastin, and Equália 2000. *Vichy (UK) Ltd. Tel: 0235 26747.*

Paul Hartmann have launched three new ranges of Bel cotton wool products to replace the Bel de luxe range.

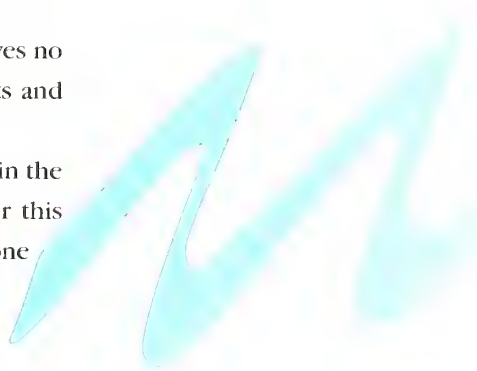
Bel Beauty includes cotton wool buds, pleats, cosmetic pads, squares and cotton wool balls; Bel Nature includes pleats and balls, and Bel Family includes pleats and buds. Retail prices range from £0.65 to £1.99, say *Paul Hartmann Ltd. Tel: 0706 59393.*

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ESTABLISHED 1821

Introducing Puressa

House of Bentley are introducing Puressa natural cleanser bars, which will be sold in shops from May.

Puressa is a pH balanced, unperfumed bar (£1.95 90g), made from a combination of plant oils including coconut and palm. It is aimed at women with dry or sensitive skins to cleanse and remove "even stubborn eye make-up", which, the company says, makes it different from other soapless bars.

The bars, which are not tested on animals, will be packaged in see-through plastic cases together with an explanatory leaflet. They come in display outers of six. Distributed by DeWitt International Ltd. Tel: 01-441 9310.



Sessu natural hair remover

Sessu natural hair remover is now available from JICA Beauty products. It is made from fructose, glucose, water, saccharose and citric acid.

The metal tube is placed in very hot water for about five minutes and the wax-like gel melts to a clear fluid. This looks and spreads like honey and can be used on the face and body. Unwanted hair is pulled out from the root using a linen strip.

Sessu comes in a starter size (100g, £3.95), an economy size sufficient for six half-leg treatments (200g, £5.50) and a travel pack of pre-waxed strips (£2.75).

Also available is a Sessu follow-up soothing balm (50ml, £4.25) a gel which, the company says, helps delay the appearance of regrowth. Distributor JICA Beauty Products Ltd. Tel: 01-979 7261.



Panasonic look to lithium

Panasonic UK have completed their range of lithium camera batteries, for use in 35mm and compact cameras with two further introductions this month.

Lithium batteries are said to have quick recovery characteristics; ten year shelf life; and a claimed double voltage over alkaline manganese equivalents.

The range now comprises the CRP29 (£11.07 per unit), 2CR5M (£11.07) and the CR123A (£5.93 per unit), and comes in blister packs.

A national advertising campaign, due to run for a year, commences in photographic titles in March. *Panasonic Industrial UK Ltd.* Tel: 0753 73181.



How Green is my Valley

Mountain Breeze are launching Green Valley, a range of cruelty-free, herbal skin and hair care cosmetics made from natural ingredients such as comfrey, cedarwood and orange flower, and suitable for all types of skin and hair.

The range of 21 products comprises cleansers, toners and moisturisers, shampoos and conditioners, including fragrance-free and perfumed variants.

Prices range from £1.80 to £3.40, offering a mark-up of 50 per cent, with an extra five per cent discount on six packs.

Mountain Breeze are offering up to 20 per cent discount on starter packs, a free pine display stand and free point of sale.

Starter packs range from £53.62 to £95.33. *Mountain Breeze.* Tel: 0695 21155.

Go bananas!

Banana Boat is a range of sun protection and after sun products imported from the United States.

The range includes water resistant sun protection products with spfs ranging from 2 to 23, tan accelerator, lip balm and after sun lotions. Retail prices range from £1.75 for aloe vera lip balm, to £7.95 for golden tanning blend, say suppliers *Skin Care & Sun Care Products.* Tel: 01-748 8733.

Kodak joins with the AA

Kodak batteries are to be offered with an on-pack promotion linked with the Automobile Association.

Kodak say £12.50 can be saved on AA new membership with Relay by buying one blister pack of Kodak Xtralife or Photolife batteries. By sending the completed name and address panel to Kodak, an AA voucher giving details of the offer will be returned. Every application received between April 1 and August 31 will be entered automatically for a monthly prize draw for a year's supply of petrol. Two prizes will be given each month valued at £1,000 each say Kodak.

The batteries will feature in television advertising starting at Easter, as part of a £5m support package. Over 500,000 A5 leaflets will be distributed in May in the Members Bonus Book and through AA outlets explaining the promotion and containing 50p cash back offer on the next purchase of Kodak batteries.

In addition, details will feature in Kodak Camera outfits during the period of this promotion, say *Kodak Ltd.* Tel: 0442 61122.

Tapshield wins award

Easerise have been awarded the Blue Ribbon Award for the new Tapshield, designed to provide safety in the bath for young children.

The Tapshield fits over any standard bath taps providing protection against scalding and injury, and a comfortable backrest for the disabled and the elderly.

Made from white polypropylene which withstands very hot water, Tapshield is held in place by two suction cups at the base. It has a soap tray at the top and a hole for the plug near the bottom. It retails at £9.99 (plus £1.50 for P&P), and is available from *UK-Kontakt, Auriema House, 442 Bath Road, Slough, SL1 6BT.* Tel: 06286 4049.

Personna the UK shaving specialist arm of American Safety Razor Group is cutting its ties with Food Brokers, who have handled sales for the past two years.

From March 1, Personna will have its own sales operation, headed by sales manager Norman Mac Neilis. *Personna International.* Tel: 0533 861511

A pair of brown-rimmed glasses with white lenses is centered in the frame. The background is a light gray surface covered with a repeating pattern of the text "THE WORLDS BEST SELLING READING GLASSES" in a dark gray, sans-serif font. The text is arranged in horizontal lines, creating a textured, wallpaper-like effect. The glasses are slightly tilted, and their frames are a rich, dark brown color. The lenses are clear and reflect some of the background text.

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Magnivision is uniquely placed to help you maximise the opportunity you now have to profit from the sale of self-selection reading glasses.

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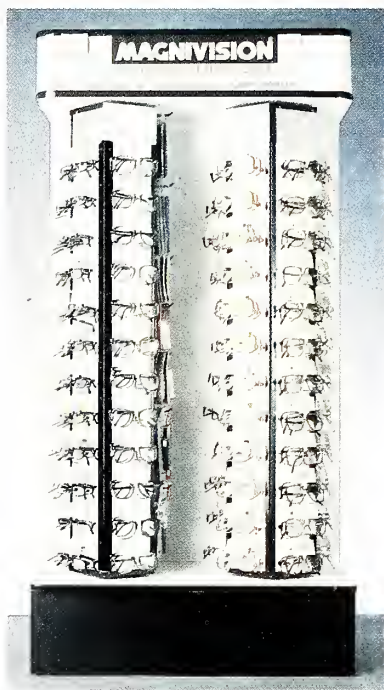
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Reviving Colors is a semi-permanent hair color system so it shampoos out gradually. It's salon tested and specially formulated to be safe for relaxed hair. And the fact that it doesn't contain ammonia or peroxide tells me it's going to be gentle.

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styling, you can do what I'm going to do... Revive your hair with Reviving Colors for enhanced color, beautiful sheen, and soft, silky, healthy-looking hair.

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ON TV NEXT WEEK

GTV Grampian	U Ulster	SK Sky
B Border	G Granada	STV Scotland (central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	TV-am Breakfast Television	TT Tyne Tees
Aquafresh:	All areas	
Day & Night:	All areas	
Endekay Dental Health Gum:	G,Y,TVS,LWT,TTV	
Energance:	STV,G,C,A,HTV,TSW,TVS,LWT	
Finesse:	All areas except TVS	
Goldspot:	GTV,STV,BTV,G,Y,TVS,TT	
Grafic:	All areas	
Haliborange:	TV-am	
Karvol:	All areas	
Lanacane Creme:	HTV,C4	
Listerine:	All areas	
Macleans toothpaste:	All areas	
Nice 'N Easy:	LWT,C	
Otrivine:	U,G,Y,C,HTV,TT	
Pulmo Bailly:	TT,Y,C	
Radox:	All areas	
Robitussin:	All areas	
Sanatogen Vitamins:	U,B,G,HTV,CTV,TSW,TVS,LWT,TTV,TT,C4	
Seven Seas Berries:	TTV,Y	
Sinutab:	All areas	
Solpadeine:	All areas	
Strepsils:	All areas	
TCP Liquid & TCP Pastilles:	A,HTV	

Tixylix:	ITV,C4
Togs:	All areas
Triogesic:	S,Y,G,HTV,U,TTV,C,A,TVS
Vantage Products:	ITV National
Vichy:	All areas

Plenitude plus Elnett

L'Oreal are teaming Plenitude skincare range with Elnett hairspray in a promotional campaign which begins on March 1.

A special 12ml trial pack of Plenitude's active daily moisturiser is being offered free on 200ml and 300ml Elnett cans, and the packs will be available to all Elnett stockists throughout March and April.

Plenitude will be supported by both Press and television advertising through the Spring. The Press campaign, involving both womens' magazines and Sunday supplements, will also include sampling. In May another burst of television advertising will begin with an estimated spend of £750,000. A similar trial in France proved a great success, say L'Oreal. Tel: 01-937 5454

Crookes cook

Crookes Healthcare are supporting Sweetex and Farley's rusks and cereals with a £350,000 sales incentive designed to increase display space allocation in pharmacies.

The incentive offers retailers displaying the new shelf organisers and promotional strips (both brands from February to June) the chance to win a "meal of a lifetime" for two in any restaurant in the world, be it pasta in Rome, escargots in Paris or sushi in Tokyo.

Two hundred and fifty runners-up in the free prize draw will receive a Fortnum and Mason food hamper worth £60 full of "the finest quality food and drink".

All entrants will receive the Crookes Healthcare restaurant directory and card, offering free meals or discounts at over 800 restaurants in the UK, and worth £45, the company says. Crookes Healthcare Ltd. Tel: 0602 507431.

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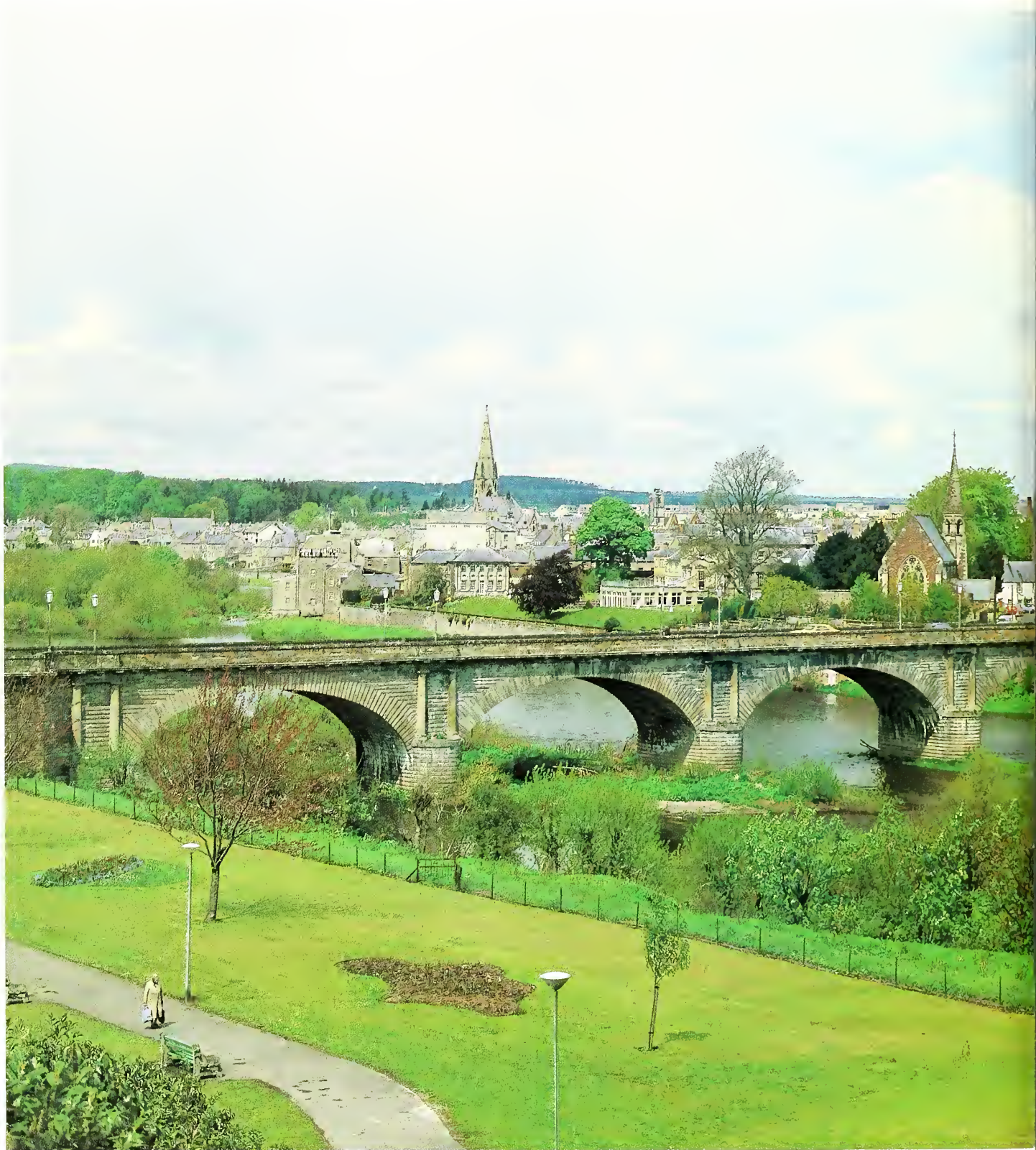
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Company _____ Address _____

Telephone _____

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Feeling liverish?

THE LIVER Part 2: Liver disease

In the second and concluding part of their article on the liver Kathy Wallis, staff pharmacist (clinical services), Charing Cross Hospital and Annie Weatherill, staff pharmacist (clinical services) Central Middlesex Hospital, look at the more common diseases of the liver and how they are managed. Both authors are tutors on the NW Thames regional clinical pharmacy training scheme

A large number of diseases affect the liver, signs and symptoms of which are varied as a result of its many functions (as discussed in Part 1 *C&D* November 12, 1988). The most common liver diseases likely to be encountered by community pharmacists — cirrhosis, cholestasis and hepatitis — are explored in this article.

CIRRHOSIS

Hepatic cirrhosis is the final stage of several diseases which can cause liver damage. There are irregular changes of hepatic parenchyma, where large nodules are formed, separated by sheets of fibrous tissue. This damage is caused by loss of hepatocytes, persistent inflammation, fibrosis and hepatic hyperplasia. Damage is irreversible once established and management is targetted at treating complications of cirrhosis and at preventing any further liver damage.

Causes of cirrhosis are varied (see table 1, p298) and in a number of cases unknown (idiopathic cirrhosis).

Prognosis Once cirrhosis is established, damage is irreversible.

In younger patients (aged < 55 years) where death is likely within a year, hepatic transplantation is now considered.

Treatment Treating the cause of damage can prevent further deterioration, and may improve a patient's quality and duration of life. Table 1 lists management of different causes.

In alcoholic cirrhosis it has been shown that complete abstinence can lead to a clinical improvement, with longer five-year survival rates than in patients who continue to drink.

Signs and symptoms There are a number of physical signs of cirrhosis (see Figure 1).

Complications

As previously mentioned, management of cirrhosis is based on treatment of its complications, mainly: Ascites; hepatic encephalopathy; gastrointestinal bleeding; spontaneous bacterial peritonitis.

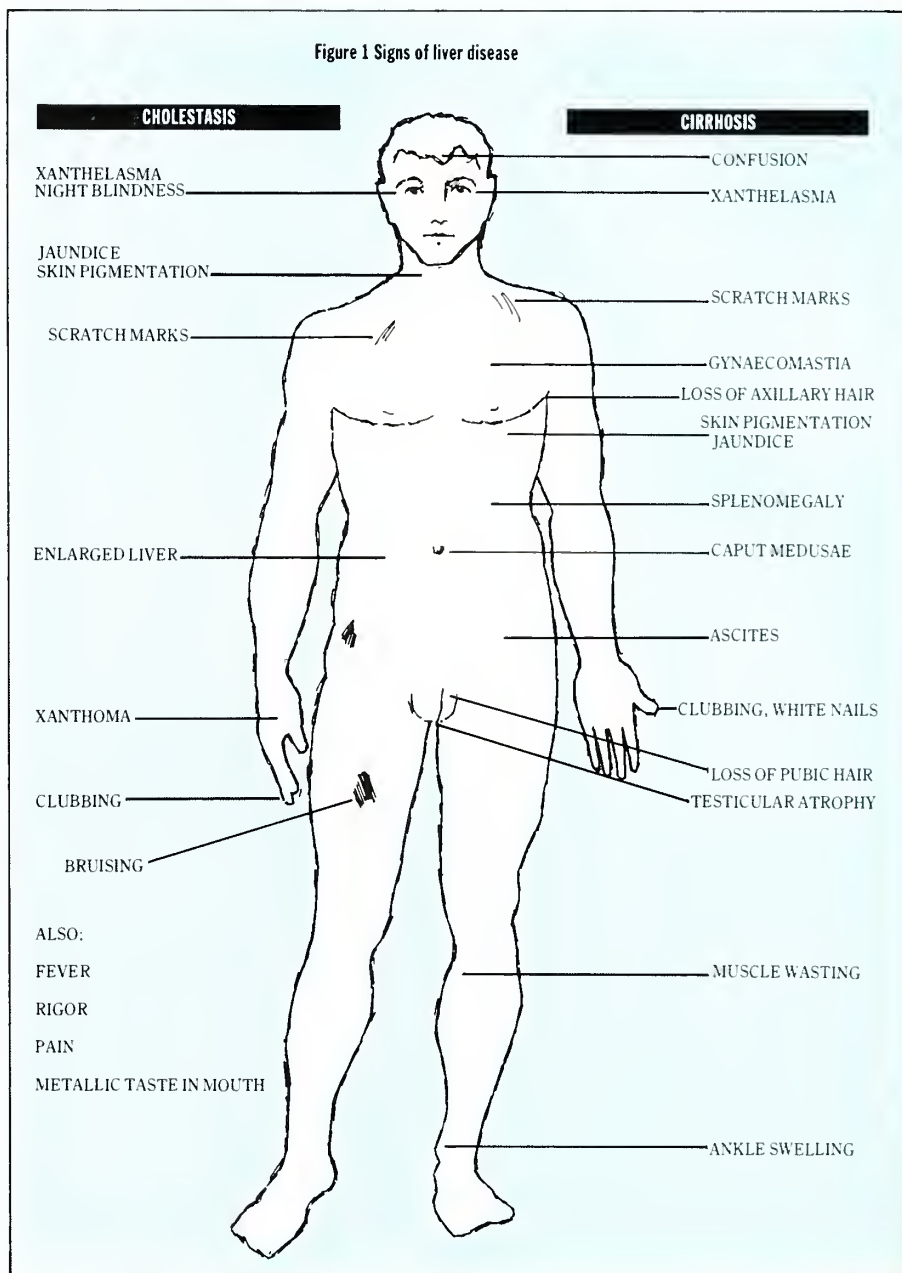
These complications occur to varying degrees in different patients and develop at different stages of the diseases (if at all). All are caused, at least in part, by portal hypertension and progressive liver cell failure.

The presentation and treatment of these complications will now be discussed.

1 ASCITES

Ascites is a detectable collection of free fluid in the peritoneal cavity due to hepatocellular damage and portal hypertension. It is a result of sodium retention and changes in fluid exchange between the mesenteric capillary and the hepatic sinusoid.

To make a diagnosis some ascitic fluid is drawn off (paracentesis) for microscopy, biochemistry and cytology. If the fluid is cloudy there is an infection, if there are large amounts of protein present, a diagnosis of cirrhosis is



confirmed, and if malignant cells are found there is probably a hepatoma.

Management

Bedrest with hospitalisation aims to improve renal perfusion and to achieve any possible reversal of the damage.

Sodium and fluid restriction Reduce sodium intake to approximately 20 mmol/day (normal intake: 120 mmol/day) and restrict fluids to approximately 1.5-2 litres/day. The aim is to decrease a patient's fluid by 500 ml/day (or by 1 litre/day if peripheral oedema also exists). This treatment is usually sufficient to obtain an adequate diuresis and to decrease ascites in

around 20 per cent of patients. The patient may also have a secondary hyperaldosteronism, in which case a potassium supplement may also be required. **Diuretics** Due to secondary hyperaldosteronism, spironolactone (an aldosterone antagonist) is the diuretic of choice. An initial dose of 100-200 mg/day may be used, and can be increased up to 1 g/day if necessary. The full effect of spironolactone takes at least three days to show and so changes in the regime should only be made after three days have passed. Potassium

continued on p298

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Table 1. Causes of liver disease and their management

Cause	Cirrhosis	Chronic hepatitis	Acute hepatitis	Treatment
<i>Infection:</i>	Hepatitis B, Hepatitis nonA, nonB	Hepatitis A Hepatitis B Hepatitis nonA, nonB Cytomegalovirus Epstein-Barr virus Toxoplasmosis		Antiviral agents
<i>Metabolic</i>	Haemochromatosis — Wilson's disease, α_1 -antitrypsin deficiency, Galactosaemia — — Tyrosinaemia —	— — —		Desferrioxamine, venesection Penicillamine No milk/ milk products No dietary tyrosine
<i>Autoimmune</i>	Primary biliary cirrhosis, Chronic active hepatitis			Steroids Azathioprine
<i>Prolonged biliary obstruction</i>	Cholestasis	—		Relieve obstruction
<i>Hepatic venous outflow block</i>	Heart failure, Budd-Chairi syndrome			Treat cause Relieve vein block
<i>Circulatory</i>	—	Shock Right ventricular failure		Standard
<i>Toxic substances</i>	Drugs (see Part 1) Alcohol			Identify causative drug and stop Stop drinking!
<i>Idiopathic</i>	? environmental hepatotoxins, ? unidentified viruses			—

supplementation may not be required as spironolactone is a potassium-sparing diuretic. If the spironolactone therapy does not produce the desired diuresis, frusemide should be added, starting with 20 mg/day and slowly increasing if necessary.

Five per cent of patients tend not to respond to the above measures and for them the following can be tried:

Ascites re-infusion Abdominal cavity fluid is filtered through a dialysis membrane and then re-infused via a peripheral vein.

Albumin infusion

Paracentesis Ascitic fluid is drained slowly while salt-free albumin is infused for plasma expansion.

Peritoneal venous shunt Can be successful, often without diuretic therapy. However, complications include pulmonary oedema.

If ascites is treated too vigorously, and intravascular volume reduced too quickly and by too much, there is a danger of inducing portal hypertension, encephalopathy, pre-renal azotaemia and activation of the renin-angiotensin-aldosterone system.

2 HEPATIC ENCEPHALOPATHY

This usually develops slowly in patients with cirrhosis, often precipitated by some other factor (see table 2) especially in patients with stabilised cirrhosis.

Initially the patient will appear confused, lethargic and may have inappropriate

Table 2. Factors which may precipitate hepatic encephalopathy

Administration of sedatives/neurotropic drugs
Constipation
Variceal bleeding
High protein diet
Sepsis
Electrolyte imbalance/diuresis
Primary liver cell cancer
Shunt surgery

personality changes. Other signs of encephalopathy are shown in table 3.

The electroencephalogram (EEG) is used to diagnose encephalopathy and also to monitor any response to treatment.

The actual cause of encephalopathy is still unknown, but is thought to be due to the liver's inability to metabolise neurotoxins such as ammonia, short chain fatty acids and false neurotransmitters or to an imbalance of some amino acids, eg tyrosine and tryptophan.

Management involves removal of neurotoxins and/or treatment of precipitating factors.

Protein restriction Dietary protein is metabolised by gut bacteria to ammonia, hence protein restriction to 20-50g/day should be adhered to.

Lactulose 30ml qds — a relatively cheap treatment safe in the elderly. There are several postulated modes of action:

— organic acids produced by the breakdown of lactulose by gut bacteria ionise ammonia thus reducing its absorption into the circulation;

— lactulose is itself acidic providing an additional reduction in pH of gut contents;

— lactulose provides a substrate for bacteria reducing their deamination of protein;

— the cathartic effect of lactulose decreases the transit time thereby reducing absorption of ammonia;

— its osmotic effect helps with the removal of endogenous ammonia.

Usually protein restriction and lactulose is sufficient to reverse encephalopathy. Other forms of management include:

Neomycin Kills aerobic bacteria. Very little is absorbed, therefore little nephrotoxicity is associated with its use. A dose of 2-4 g/day for 3-4 days is used;

Metronidazole Kills anaerobic bacteria providing good cover with neomycin. A dose of 400mg tds for seven days is used. Disadvantages of metronidazole therapy include peripheral neuropathy and the disulfiram reaction;

Branch chain fatty acids are given to retain a normal balance of amino acids. They need to be given intravenously since orally they would be broken down in a similar way to dietary protein;

Dopamine agonists It has been suggested that false neurotransmitters replace dopamine at receptors, thus reducing the effect of dopamine. It is thought that dopamine agonists (eg bromocriptine 15 mg/day) may increase the level of dopamine. L-dopa has not been shown to be useful.

Once hepatic encephalopathy has been treated symptomatically and the cause identified, 80 per cent of patients recover and treatment can be gradually removed.

3 OESOPHAGEAL VARICES

Gastrointestinal tract (GIT) bleeding can result from increased blood pressure in the portal circulation, a decrease in clotting factors and decreased hepatic function. About 70 per cent of cases of GIT bleeding are caused by oesophageal varices. Other causes include bleeding gastritis, peptic ulceration, and Mallory-Weiss tears.

Oesophageal varices are engorged, dilated submucosal veins in the lower oesophagus and sometimes in the stomach, caused by portal hypertension. Blood vessel walls are thin and serious bleeding may occur if a wall bursts. Around 30-40 per cent of patients die after a bleed.

Initially, patients will present vomiting blood or with blood in their faeces. They may also be hypotensive, jaundiced and have encephalopathy. Diagnosis of oesophageal bleeding is by endoscopy.

Management Initial therapy involves resuscitation of the patient. The patient is transfused with blood to replace that lost. With every three units given, one unit of fresh frozen plasma with clotting factors should also

continued on p300

Table 3. Signs of hepatic encephalopathy

Reduced intellect
Slurred speech
Personality changes
Sleep inversion
Flapping tremor
Pre-coma state
Acetone smell on breath

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be given. An infusion of normal saline should be avoided as it may induce ascites or oedema. The value of giving vitamin K at this stage is questioned but will have the long-term effect of increasing the amount of clotting factors present.

Once a transfusion has been set up, if the bleeding has not abated, other methods to stop bleeding should be used (Table 4).

Prophylactic therapy There are three methods of long-term management of oesophageal varical bleeding:

Propranolol Possibly decreases the number of bleeding episodes. Doses of 20-180 mg bd orally have been used.

Endoscopic sclerotherapy Sclerosant is injected into the site of the varices every 1-4 weeks until the vessels are sclerosed. After completion of therapy the incidence of re-bleeding is decreased. Sclerotherapy may also be used as emergency treatment.

Elective shunt therapy

4 SPONTANEOUS BACTERIAL PERITONITIS

This involves an infection of ascitic fluid and occurs in approximately 8 per cent of cirrhotics. The common infecting organisms are *E. coli* and *Strep. pneumoniae*. Diagnosis is made by characteristic findings in ascitic fluid and by positive cultures.

The consequence of spontaneous bacterial peritonitis is septic shock which is a major cause of death among cirrhotics. These patients are prone to infection for a number of reasons including decreased resistance to infection, and leaky gut, allowing bacteria into the portal circulation.

Treatment involves the use of broad spectrum antibiotics after culture of the ascitic fluid. Antibiotics used include a combination of ampicillin and gentamicin, or a third generation cephalosporin. The patient is also treated for shock, and encephalopathy must not be induced.

CHOLESTASIS

Cholestasis describes the syndrome resulting from accumulation of bilirubin and bile salts in

the blood. The causes of cholestasis (table 5) may be extrahepatic (bile flow is obstructed in the large bile ducts) or intrahepatic (hepatocytes are damaged or smaller bile ducts obstructed). Extrahepatic causes are more common in adults and caused mainly by drugs. (see tables 5 & 6, Part 1).

As with cirrhosis, treatment of cholestasis is limited (see table 1) with surgery being the main option. It is important to establish the cause so treatment may be optimised.

Signs and symptoms of cholestasis show gradually with jaundice usually appearing first in the eyes and then spreading to the skin, although the patient often feels well. Physical signs are shown in figure 1 on p296.

Complications

Some complications of cholestasis and their treatment will now be discussed:

Table 5. Causes and treatment of cholestasis

Extrahepatic cause	Treatment	Intrahepatic cause	Treatment
Common bile duct gallstones	Surgery	Drugs	Cessation of drug therapy
Pancreatic cancer	"	Viral hepatitis	Anti-viral therapy
Bile duct cancer	"	Alcoholic hepatitis	Abstinence
Pancreatitis	Antibiotic therapy	Primary biliary cirrhosis	—

1 JAUNDICE AND GENERALISED ITCHING

This is caused by deposition of excess bilirubin and bile salts under the skin producing the typical greenish/yellow colouration. Itching may be worse on the palms and the soles of the feet and is aggravated by warmth.

Treatment is generally palliative. Antihistamines (eg terfenadine, chlorpheniramine) are used to reduce itching. Cholestyramine is thought to bind bilirubin and bile salts in the gut thereby reducing the amount in the circulation. Skin emollients soothe the itching topically and patients should be advised to avoid hot baths.

2 MALABSORPTION

Impaired secretion of bile, due to obstruction

of the bile ducts, will result in malabsorption of fats and fat-soluble substances.

Vitamin K is fat soluble and in cholestasis will not be absorbed in sufficient amounts leading to a decrease in the production of clotting factors. The patient is therefore more prone to bruising.

Treatment may either be intramuscular vitamin K (phytymenadione) or the oral water soluble derivative of vitamin K, menadiol. Malabsorption of vitamin D eventually leads to osteomalacia after prolonged cholestasis.

Treatment with calcium or calciferol supplements is standard. Malabsorption of vitamin A may lead to night blindness in chronic cholestasis.

3 DARK URINE AND PALE STOOLS

Impairment of fat digestion leads to steatorrhoea where the stools are pale (lack of bile pigments) and fatty. The patient will also lose weight after prolonged cholestasis.

Accumulated bilirubin is excreted in the urine producing a dark brown colour.

4 PORTAL HYPERTENSION AND CIRRHOSIS

Liver cell damage will be induced after many years of biliary obstruction. The complications of cirrhosis will also manifest as described before.

HEPATITIS

1. ACUTE HEPATITIS

Acute hepatitis is a sudden widespread damage to the hepatocytes, the causes of which are listed in table 1. The most common causes are the Hepatitis A, B, or nonA, nonB viral infections. Hepatitis due to other viral infections is rare and tends to be a small component of another illness. Drug-induced hepatitis was discussed in Part 1.

Hepatitis A viral infection is a highly infectious disease spread by the direct or indirect oral ingestion of human faeces. The incubation period is approximately one month. An infected individual excretes the virus in faeces for about two weeks before showing any signs of illness, and for one week after symptoms appear. Other routes of transmission include homosexual activity (especially in males), infected milk and shellfish. The virus replicates within the liver. **Signs and symptoms** include chills, headache and malaise, nausea vomiting and diarrhoea, upper abdominal pain, tender liver and the patient may show a distaste for cigarettes. The sclera of the eye will become yellow as a first sign of jaundice and the patient's urine will be dark.

Prognosis Good — the majority of those affected recover within 3-6 weeks, of these about 5-15 per cent relapse but recovery is usually spontaneous. Death is uncommon in young adults but there is about 3 per cent mortality in patients older than 60 years. Some develop a post-hepatitis syndrome which lasts for approximately 2-3 months and involves nausea, anorexia and general malaise.

Treatment There is no specific treatment for hepatitis A infection — general measures for the management of complications should be

Table 4. Methods of treating acutely bleeding varices.

Method	Comments
<i>Vasopressin or Glypressin</i>	Intravenous Lowers portal venous pressure by splenic vasoconstriction thereby lowering portal venous blood flow Vasopressin can cause vasoconstriction of the coronary artery which leads to hypertension, bradycardia and a heart attack, especially if the patient has had a myocardial infarction
<i>Nitroprusside</i>	Can infuse at the same time as vasopressin. Counteracts the adverse effect on the heart and has an effect on bleeding itself
<i>Somatostatin</i>	Decreases the flow of blood in splanchnic blood vessels and therefore decreases portal pressure. Very expensive
<i>Propranolol</i>	Blocks β_2 receptors, decreasing blood flow through varices Stimulates β_1 receptors causing vasoconstriction.
<i>Balloon tamponade</i>	Balloon in the oesophagus exerts pressure on the site of the bleed and stops bleeding temporarily while other procedures are carried out. Pressure should not be applied for longer than 24 hours as prolonged use could lead to ulceration
<i>Shunt surgery</i>	If all else fails May lead to production of toxic waste causing encephalopathy

followed as for cirrhosis, and precautions for the prevention of spread of the disease must be taken (eg immunization).

Hepatitis B viral infection is transmitted via blood or blood products, sexual contact or by sharing of needles by drug abusers. The incubation period is 3-6 months.

Clinical features Similar to hepatitis A but more severe. Patients may also suffer a mild rash with urticaria and/or arthralgia.

Prognosis Variable, and mortality depends on various factors (eg virulence of the virus, age of the patient and any underlying hepatic disease). Approximately 5-10 per cent of patients become carriers of the disease. Their prognosis is uncertain but there appears to be an increased risk of developing hepatoma and chronic hepatitis or cirrhosis.

Treatment There is no specific treatment for hepatitis B — supportive therapy for any complications should be followed. Prevention of hepatitis B can be achieved with commercially available Hepatitis B vaccine.

Hepatitis non A, non B viral infection — once known viral causes of hepatitis have been excluded, the infection is termed a non A, non B infection. As yet no organism has been identified.

Clinical features are similar to those of hepatitis A and B and the patient may become a carrier.

Treatment There is no specific treatment.

2. CHRONIC HEPATITIS

Chronic persistent hepatitis (CPH) is defined as a persistent inflammation for longer than six months without any signs of improvement. It involves small areas of necrosis of liver cells but liver architecture remains normal.

The patient may be asymptomatic or show some signs of general malaise including fatigue, a poor appetite and upper abdominal

discomfort. Intolerance to fatty foods may also occur.

No treatment is needed and prognosis is excellent (the disease rarely progresses to chronic active hepatitis or cirrhosis).

Chronic active hepatitis is a more severe disease than CPH. The liver's lobular architecture is disrupted and cirrhosis often develops. The severity of symptoms depends on the cause of hepatitis (see table 6).

SUMMARY

There are a number of diseases which affect the liver, the most common of which we have discussed in this article. All these affect the

varying functions of the liver (see Part 1).

When dispensing drug, for patients with liver disease, pharmacists should consider the following points:

- Are any of the drugs prescribed metabolised in the liver, possibly necessitating dosage adjustment?
- Has the patient been prescribed a hepatotoxin (see Part 1)?
- Has the patient been prescribed a drug with high sodium content (eg antacids)?
- Possible dietary protein restriction (therefore advice on the diet may be required).
- Worrying signs and symptoms (reassurance may be necessary).

Table 6 Signs and symptoms, treatment and prognosis of chronic active hepatitis.

CAUSE	Hepatitis B virus	NOT Hepatitis B virus
PATIENT	Mostly 0 > 30 years	Mostly 0 20-40 years
SIGNS & SYMPTOMS	Slight hepatomegaly Slight jaundice Arthralgia	More florid, Gradual onset -> fatigue, loss of appetite, jaundice. Fever, arthralgia, epistaxis, bruising amenorrhoea, spider naevi, hepatomegaly
TREATMENT	Nil	Corticosteroids (eg Prednisolone 30mg/day) for at least 1 year, reduced as patient responds. Maintenance = 10-15mg. Frequent relapse. If side effects from steroids, half the dose + Azathioprine 50-100 mg/day
	Complications treated as for cirrhosis	
PROGNOSIS	Good. Rarely develops to cirrhosis. Generally no exacerbations	Poor. Most patients develop cirrhosis. Half die of liver failure within 5 years if not treated.

HEAVY COLD?

"Carry around a phial of Olbas Oil"

Mrs Thatcher, interviewed by She Magazine, February 1989



Yes, Prime Minister!

Dismay over loss of cost-plus contract

With the *fait accompli* of the remuneration package before them, at the Inn on the Park on Tuesday, LPC representatives had to be content with expressing their dismay over the loss of the cost-plus contract.



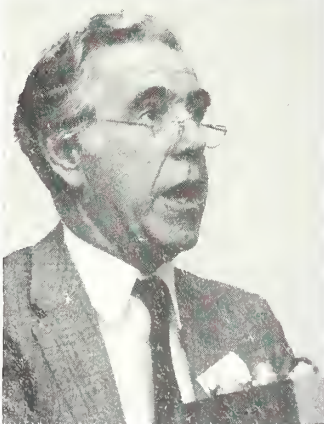
Dr Keith Watson, Sunderland



Miall James, Essex



Peter Walker, Rochdale



Forbes Powrie, Suffolk

The sound system at the Inn on the Park left much to be desired at times — the PSNC chairman had to introduce the 1989-90 remuneration package (see this week p280) besieged by feedback problems — but this time audio-deficiencies did little to blunt some of the comments from the representatives.

Dr Keith Watson (Sunderland LPC) proposing that PSNC should reject any new contract proposals which lose contractors the benefits of cost-plus, while retaining those elements beneficial to the DoH, said the Government was attempting to "reduce the statutory right to negotiate to an advisory role".

"Since the '88 sums on which the '89 sums are based were understated, this false baseline produces a fraudulent and understated starting point for next year. But the retention of the global sum, albeit on a new formula, means the Department can manipulate remuneration as it wants, and the derisory sums offered for patient medication records and residential home visits are evidence of the Department's attitude."

Miall James (Essex LPC) spoke for many when he said that it was totally wrong that the Government could charge the system at a moment's notice. "Whatever new contractual arrangements are negotiated, they must include some means in which an arbitrator can say 'This is wrong'," he said.

Replying to the rejection call, PSNC chairman David Sharpe said that "rightly or wrongly" PSNC had accepted the Government's offer. "I reported last year that the Under-Secretary gave us a warning that the Government could not necessarily continue to abide by a cost-plus contract," he said. "I have to admit to a measure of ignorance of what contractors would have liked us to have done. We have told the Department that for future years we will not accept a 'take it or leave it' package".

Mr Sharpe said that had PSNC accepted this year's offer, the Department would have returned to an earlier, less advantageous one. He said he had made it clear to the DoH that the 89-90 offer had been accepted "without

prejudice to PSNC's right to negotiate in the future". The representatives accepted the spirit of the motion as a mark of their disappointment of the loss of cost-plus.

Conference then rejected calls for an additional weighting payment for inner city pharmacies, and accepted a resolution for greater representation of pharmacists on NHS policy-making committees relevant to community pharmacy. Representatives passed two resolutions from Liverpool LPC deprecating the dispensing of oxygen by anyone other than a qualified pharmacist, and calling for PSNC to enter into, dialogue with the DoH to ensure direct supervision by a pharmacist of all domiciliary oxygen supplies.

In quick succession, Conference also agreed to back calls for the dropping of the parallel import discount scheme, and payment for the supply of compliance when requested by GPs. The reimbursement in full of all items obtained at zero discount was requested, as were reviews of the special containers and commonly used drug categories of the Drug Tariff, which, according to Cheshire LPC were, in the case of the former, anomalous, and the latter, inconsistent with practice.

However, calls for manufacturers to be asked to label medicines with the number of NHS charges to be levied, and with the codes for cautionary labels, were both lost.

The best debates of the day came late on, when representatives turned their attention to pharmacy practice subcommittees and rural matters. Proposing that a fighting fund be established to fight cases over the correct legal interpretation of the new contract regulations, Peter Walker (Rochdale LPC) said the problem with the new contract in operation was the Department of Health's original guidelines.

Interpretations of these guidelines in Rochdale had led to PPSC members who were also LPC members being disallowed from discussing applications because they were ruled, by the FPC, to be "interested parties".

Seconding, David Ratcliffe (Rochdale LPC) said the fighting fund was needed, not only for

Rochdale, but for everybody. "There are several areas and moot points in the guidelines which we might need to challenge," he said. "There is no way an individual LPC can challenge an FPC."

Maurice Lightfoot (Cumbria LPC) said his LPC had had a number of confrontations over the guidelines and in a number of cases, when large companies have been involved, there has been threat of judicial review. "When you have got large sums of money being thrown about it changes the emphasis," he said.

Ron Dawson (Manchester LPC) giving his wholehearted support, said, in his opinion, LPC members who are also PPSC members should be part of any discussion at an LPC. They could then offer the best advice to the voting PPSC members.

The motion was carried in spirit rather than formally, after advice from the chair.

Seconding a motion from calling for a renegotiation of the Clothier Regulations, Mike Smith (Devon LPC) said that, following the publication of the Government's White Paper, in which it was proposed that GPs could be in control of their own budgets, one GP has suggested to him that one place where savings might be made was if GPs were to buy in some medicines themselves.

But cautioning against being too hasty, Forbes Powrie (Suffolk LPC) said that in negotiations some personal freedoms have to be exchanged for common purpose.

"If you are going to negotiate you have to give and take. What are you going to give up?" Mr Powrie asked.

He said that in Suffolk the dispensing subcommittee operated very much on "party lines" with decisions left to the lay people, but then cases had been dealt with by the RDC who had applied the rules properly.

Supporting Mr Powrie, Miall James (Essex LPC) reminded Conference that "to negotiate, you have to have some to negotiate with". "I have just spent three days defending my profession against people who were firmly and resolutely against pharmacy altogether. And swearing on the Bible at the Writtle tribunal was a salutary experience," Mr James said.

Dr D. Hopkin Maddock (Cornwall & Isles of Scilly LPC) said the whole question of rural dispensing by doctors was not the question of patient choice. It was about money. "We need a blueprint for a complete pharmaceutical service throughout the country."

The resolution passed by delegates was that Clothier should be investigated.

More details on GP drug budget curbs

Details of how the Government plans to implement NHS changes, including the introduction of drugs budgets for GPs, were revealed this week as a series of eight working papers (HMSO £8).

No specific mention is made of the part pharmacists can play in developing formularies, although these are encouraged in working paper 4 on "Indicative prescribing budgets for general medical practitioners".

Each year regional health authorities will receive a block allocation to cover the cost of all prescriptions dispensed within their family practitioner committee areas. These allocations will include provision for the actual cost to the NHS of drugs, appliances, dressings and chemical reagents dispensed by pharmacies, doctors and appliance contractors and, possibly, by nurses. Allocations will exclude pharmacists' and dispensing doctors' remuneration and will not take account of income from prescription charges.

At first, allocations to RHAs and FPCs will largely reflect existing spending patterns, expected changes in population and the numbers of elderly patients but will gradually be based on a weighted capitation formula. This will take into account the age and sex of patients, morbidity, temporary residents and cross-boundary dispensing. The NHS Management Executive will discuss with interested parties the relative weights to be attached to these and other factors.

FPCs vary widely in their prescribing costs, ranging from £26 to £40 per head in 1986-7. Differences in spending patterns not attributable to the above factors will be reduced and eventually eliminated.

RHAs will be expected to examine the various out-patient policies within their region, to determine what should be out-patient or GP prescribing and to establish budgets for their district health authorities and FPCs. It will be the RHAs' responsibility to encourage the development of joint formularies between FPCs and DHAs so that both hospital doctors and GPs are guided to use the same medicines, thus facilitating continuity of treatment between hospital and community. GPs should be included on district committees which develop prescribing policy.

The NHS Management Executive will draw up guidance for FPCs on how to establish a policy for assigning indicative budgets to GP practices. It will discuss with FPCs and the profession any additional factors which might need taking into account, such as local epidemiological factors.

FPCs will then assign budgets in discussion with the GPs themselves. Patients requiring unusually expensive medicines would be considered when the indicative budget was set at practice level.

Budgets would be set at a level depending on the FPC's assessment of the factors mentioned above, together with a

comparison of the practice's current prescribing level with the average for broadly similar practices in the same FPC. Generally, where the current figure is higher than average, the budget will be set somewhere between the two.

Eventually "downward pressure" will be exerted on those practices above average where the difference in costs cannot be explained by the composition of their practice list or other accepted factors. Initially action will take the form of peer review or a request to the FPC for guidance.

Sanctions such as withholding remuneration are seen as a last resort against practices exceeding their budgets.

Techniques for operating drug budgets will be developed over the next two years, ready for implementation in April 1991. During 1989-90, six FPCs — Barnsley, Northumberland, Leeds, Shropshire, Surrey and Trafford — will pilot the proposals and monitor doctors' prescribing, paying particular attention to practices with costs well over the FPC average.

Larger GP practices of at least 11,000 patients will be given the chance to manage a budget out of which they will be responsible for securing a defined range of hospital and primary care services for their patients. For these GPs, the prescribing costs elements of the global budgets will be found from within the overall drug budgets for RHAs and allocated according to the principles for indicative budgets.

FPCs will continue to reimburse pharmacists for drugs dispensed and will need to invoice these practices for drugs they prescribe which are dispensed by retail pharmacies. Where the practice dispenses drugs for some patients, the costs will fall as a direct charge against the practice budget. When agreeing budgets, RHAs will need to take account of the average discounts received by dispensing doctors on the price of drugs purchased.

Working paper 8 looks at the implications for FPCs. They will be slimmed down to 11 members, their line of accountability will transfer from the Department of Health to the RHAs, and a chief executive (general manager) will ensure the introduction of changes set out in both the Primary Care and NHS White Papers.

The aim is to have general managers in every FPC by the end of this year.

Woman sues for Opren injuries

A woman is suing drug companies and the Attorney General's Department for compensation for injuries she claims to have suffered after taking Opren.

In a High Court writ issued on February 15, Noreen O'Callaghan claims that she suffered personal injury, loss, damage, inconvenience and distress after taking benoxaprofen.

Mrs O'Callaghan of Litchfield Gardens, Willesden, NW London, took the drug between February and August, 1982 the writ states. She claims the drug was negligently developed, tested and manufactured by the five companies, Eli Lilly & Co, Dista Products Ltd, Lilly Industries Ltd, Lilly Research Centre Ltd and William Ian Hamilton Shedden.

In the writ, Mrs O'Callaghan also claims damages against the Attorney General, who acts on behalf of the Committee on the Safety of Medicines and the Licensing Authority, under the 1968 Medicines Act.

Formularies in spotlight

The Royal Pharmaceutical Society has welcomed publicity given to local drug formularies in the *Drug & Therapeutics Bulletin*, even though the role of pharmacists in compilation is omitted.

The *Bulletin* reviews hospital and general practice formularies, and concludes that despite the restriction in the variety of drugs prescribable, high rates of compliance are achieved and prescribing quality is improved.

The Society points out that pharmacists are currently involved in drug and therapeutics committees within the hospital service and have produced considerable savings.

Liverpool pharmacists split over supervision

Sixty Liverpool community pharmacists were split 50:50 last week after a debate on the Royal Pharmaceutical Society's new model dispensing procedure.

Council member Ann Lewis supported the proposed guidelines on supervision at a meeting hosted jointly by RPSGB Liverpool Branch chairman, Brendan Nyss and NPA Board member Jeremy Clitherow. Backing her arguments with the Nuffield report and the White Paper "Promoting better health", Miss Lewis stressed that there could be delegation of the dispensing procedure without loss of the responsibility and personal

control which are the hallmarks of a professional.

John Donoghue, a young proprietor and LPC member, opposed the Council's proposals on the grounds of patient safety. He was disappointed at the Council's response to Nuffield and felt that most pharmacists would prefer to perform a final check. An unqualified person dispensing POMs could result in loss of public confidence and be dangerous.

He said that pharmacists would be delegating and giving away their primary role without the ability to extend it. He demanded an alternative which enhanced the pharmacist's role.

Writtle adjourned

The tribunal set up to hear the Writtle case, called following protests about the Secretary of State's conduct of the appeal in the case where a pharmacist is trying to set up a business in the Essex village, has been adjourned until April 12.

Legal aid

I was interested in the letter last week from Mr Tim Astill, director of the National Pharmaceutical Association. As I understand it (and I have some idea of what my friend John Davies is concerned about), the problem does not so much affect those who are proprietors, as those who wish to be, especially in rural areas. I take it, from his letter as general manager of the Chemists Defence Association, that a pharmacist who wished to open a branch in a rural area and who was involved in the sort of expense that some are presently facing, might (to put it no higher) find it worth his while to approach the CDA for help. Similarly, presumably, someone who was involved in a complicated "major relocation" might be considered.

However, this leaves open three questions. First, what of the employee pharmacist who wishes to open his (or her) own pharmacy, and must nowadays almost certainly consider a rural area. Can the CDA help there? The costs could, as Mr Astill indicates, run into many thousands of pounds if, perhaps for reasons beyond his control, our young colleague runs into judicial review and high court country.

Secondly, Mr Astill indicates that aid might be forthcoming if "the case is... in the interests of members generally". Any new pharmacy, although it takes most of its NHS business from dispensing doctors, will inevitably take some business from pharmacies within a few miles. What general view might the CDA directors take?

Finally a similar question could be asked if a member wished, or was forced by circumstances, to relocate.

I appreciate that Mr Astill cannot deal with specific cases in your pages, but in view of the current rush to the lawyers from the medical side and the confusion which seems to exist in Pharmacy

Practice Subcommittee matters, I think colleagues need to be aware of all the help they can get. The regulations are not always straightforward and much time can be wasted in giving background to a (sometimes incredulous) solicitor, faced with the rural dispensing question for the first time.

Miall E. James
Secretary, Essex LPC

Saving GPs?

In Xrayser's article (February 18) "Script cost balance...", he suggests that this would be a good time for pharmacists to co-operate with GPs to help reduce the costs of prescribing to the NHS. A&A Associates have already started a cost consultancy scheme to provide useful information to GPs who have shown an interest in reducing their drug costs. Each scheme is unique to the practice concerned and so this is a very time consuming operation, which an already overworked pharmacist would be hardpushed to achieve.

However we would like to offer our services to any doctors via pharmacists, who feel their GPs would be interested. The pharmacists should either give our telephone number to the GPs, or, if they wish, contact us direct on 0703 870886, between 9am and 7pm, Monday to Friday.

Arun Sharma
A & A Associates, Southampton

SGM — attend vote!

May I take this opportunity to remind the membership to make every effort to attend the Special General Meeting which is being called on April 9, at 2pm at the National Theatre.

I believe the meeting is of such importance that all members should spell out their feelings on this contentious issue, irrespective of whether they are for or against the motion for a mandatory final check on prescriptions by a pharmacist. This meeting will also provide a platform for the candidates who shall be standing in the forthcoming Council election to make their views known to the membership.

The Council has now produced a blueprint for the future of our profession on the matter of supervision. Despite this, sharp

differences in view continue. This is not a flaw, but an indispensable ingredient in a free democracy.

Let us hope the SGM will resolve this matter once and for all. We must abide by the majority decision taken by those present regardless of attendance level.

Ashwin Tanna
London

Calling LMCP students

A gathering of ex Lubhai Motilal College of Pharmacy students has been arranged at Starlite 2001, 80 Wharf Street, Leicester, on March 19.

All ex-LMCP students of Amhedabad Gujarat, India are requested to contact either Mr Rajni Hindocha, tel: 0530 510520 or 0530 706673 after 7.30pm, or Mr Sudhir Patel, tel: 0926 496500 or 0203 468821 after 8pm.

R.L. Hindocha
Leicester

The new contract bites?

My 12 year old daughter recently went on a school trip to the British Museum as part of a history project on Egypt. I have heard little of the contents of the British Museum Egyptology Department. What seems to have left the most lasting impression on her is something she saw from the coach: a parade of five shops comprising three pharmacies, one dry-cleaner and one McDonalds hamburger bar.

Wonderful thing education!

Eileen M. Gillon
Dursley, Gloucs

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BUSINESS NEWS

Boots buy in Italy

Boots have acquired a 45 per cent minority shareholding in their Italian subsidiary, Boots-Formenti Spa.

The company sells Boots prescription pharmaceuticals and OTC medicines in Italy. Sales for the year to March 31, 1988 were £11.5m. Assets amounted to £800,000.

Boots will now build their own marketing and selling organisation in Italy. A company spokesman says: "The acquisition reflects the importance which we place in securing and developing a corporate presence in the Italian pharmaceutical market, the fifth biggest in the world".

The company said last week that sales in the UK High Street during the Christmas period topped £114m, the first time in their history they have taken more than £100m in a week. Record sales were reported in Cardiff, Manchester, Belfast and Birmingham.

No broker problems for Unichem

Unichem's chief executive Peter Dodd told C&D this week that he still has "complete confidence" in brokers Phillips & Drew who are handling the share scheme.

Losses of over £100m in the last 21 months at Phillips & Drew were announced last week by their parent company, the Union Bank of Switzerland. They are intervening to take control of the company which has lost its chairman, finance director and corporate finance director over the last two months.

Mr Dodd said Phillips & Drew's problems are administrative and do not involve people who advise them on the share scheme.

Ridley offers rate help, critics not silenced

Community pharmacists are to be cushioned from huge rate increases forecast to come next year with the Government's new rating arrangements. But reaction to last week's promise of help from the Government has been mixed.

Secretary of State for Environment Nicholas Ridley told Parliament last Wednesday that levels of rates will be phased in (C&D February 11, p224).

Year-on-year increases for the business community will be limited to 15 per cent in real terms on small premises, defined as having a rateable value of £7,500 in London and £5,000 elsewhere. Premises currently rated above those figures have a 20 per cent rate rise limit. The figures apply irrespective of whether the premises are part of a chain or are independent.

Parliament heard there will be both winners and losers under the transitional arrangements. Mr Ridley said: "Businesses in the North and Midlands will tend to gain and those in Southern England will generally face increases".

He told MPs the limits were being proposed because the Inland Revenue had done a survey of the likely combined effects of the revaluation of retail premises — the first since 1973 — and the introduction of the Uniform Business Rate.

Critics of the phasing arrangements say softening the impact on business in the South means those who stood to gain

(mostly in the North and Midlands) will have to wait longer to get any benefit.

Speaking to C&D this week, Tim Astill, director of the National Pharmaceutical Association, said there are three points for pharmacy to consider:

1. the Government might have used some of its money to allow those in less prosperous areas to enjoy their rate reduction — this was an opportunity to give business a boost.

2. the definition of a small business is set too low — many pharmacists who consider themselves small businessmen might find themselves defined as otherwise and paying more.

3. any increase in rates must be seen against the general increase in overheads and particularly against the back drop of cost-plus.

Mr Astill said the overheads problem can only get worse as rents rise and extra pressure is put on space by original pack dispensing, and gas and electricity prices go up. "Anyone who thinks the privatisation programme will mean cheaper bills is living in a fool's paradise", he said.

Director general of the National Chamber of Trade, Bernard Tennant, shared many of Mr Astill's criticisms but welcomed the Government's recognition of the "special needs of small business and the necessity of having a phasing scheme, even if it leaves a lot to be desired".

Publication of the actual new rates will take place in the

Beecham get Eminase PL

Beecham this week announced they have been granted a product licence for Eminase from the Department of Health and that CFCs are to be banned in aerosol production.

Analysts expect much from the new heart drug; worldwide sales of £150m are predicted.

The drug, developed by Beecham in the UK, is a thrombolytic which restores blood flow to the heart. Clinical trials have shown a 49 per cent reduction in the risk of death from heart attacks.

A company statement said: "It is planned to make the drug available to the UK medical profession by the late Spring, when a price announcement will be made."

Beecham, who claim to have Britain's second largest toiletries business, also announced this week they are stopping use of CFCs in aerosols and are switching to alternative propellants, at a cost of around £1m.

Among CFC-free toiletries now available are: Silvikrin; Bristows and Falcon hairsprays; Body Mist and Body check antiperspirant; Fenjal body mousse.

Chairman of Beecham Products (UK division), David King, says: "We have been reducing the use of CFC propellants since 1980 and now have removed them from our products well ahead of the target date set by the 1987 international conference in Montreal."

Cyanamid up

Cyanamid (UK), the largest subsidiary of the American Cyanamid Company, is reporting an increase of 15 per cent in profits to £21m for the full year 1987-88.

Turnover is up 7 per cent to £165.2m. Their American parent group reported record worldwide sales at \$4.6bn, and a 18 per cent increase in profits to \$550.

Surgicare change name

Squibb Surgicare Ltd have announced that they will be changing their name to Convatec Ltd from February 27.

The company says the change is to strengthen the identity of Squibb Surgicare Ltd within the

Convatec Division of the Squibb Corporation and unify their image worldwide.

Product names, code numbers and communication addresses and telephone numbers will remain unchanged.

ICI offer career breaks for women

ICI are introducing a "career break" scheme for women, allowing them extended unpaid leave to care for young or old dependents.

A company statement this week said the scheme will "help the needs of women at work, particularly by helping them balance their responsibilities to their families and employees."

Women at ICI can now extend their statutory maternity leave and right of return to work for a further 17 weeks. Alternatively, they may agree flexible working arrangements with managers to ease their return to employment.

During breaks from work there will be formal arrangements to ensure that staff are kept in touch with colleagues and maintain their skills.

The company employs 6,000 women, a third of whom do not return to work after taking maternity leave. Career breaks can also apply to men, and ICI's announcement comes just two weeks after Boots made public its job share scheme (C&D February 11, p224).

Merck worldwide up 15pc

Merck AG are reporting sales up 15 per cent to Sfr1,690m for worldwide turnover in 1988.

President, and delegate of the board of directors, Professor Hans Joachim Langmann, says the group's highest increase was in Europe, where sales are 16 per cent up at Sfr963m. Business in North America and Japan has also expanded significantly, he said. Total expenditure on research and development increased to 6 per cent. Professor Langmann said further sales growth is expected this year and it will be accompanied by continued investment and additional strengthening of R&D activities.

Ciba-Geigy have become the first pharmaceutical company to make use of the Family Health Care leaflet scheme in the three years of its existence. The company has produced a leaflet on the menopause which is now available for pharmacists to pass on to customers.



Preparation for 1992 is well under way, according to members of the South East Pharmaceutical Industry Group. They have just met their local Member of the European Parliament, Madron Seligman, to discuss issues arising from 1992. The group talked about pricing issues and patent life for medicines. Seated from the left Mike Wallace (Schering Health Care Ltd), Madron Seligman (MEP), Dr Gwen Parr (Ciba-Geigy Pharmaceuticals). Standing, from the left, Mike Findlay (Ciba-Geigy Pharmaceuticals), Gordon Aylward (Nordisk UK Ltd), Andrew Kerr (also Nordisk), Paula Nelson (Schering), Keith Kryzywicki (Upjohn Ltd)

Sunday special

Marks & Spencer, Selfridges and the John Lewis Partnership companies all added their voices to the Keep Sunday Special campaign last week.

The anti-reform group said the moves showed that no one can claim that all big retailers want to change the law.

In Parliament, the defeat of the Sunday Sports Bill which failed to get a second reading, demonstrated the difficulties the Government will face when they try to legislate.

Zenith UK

Italian shelving manufacturers Zenith have formed a new UK subsidiary, Zenith Shop Systems Ltd based in Thirsk, North Yorkshire. David Jensen of consultancy Zeus Faber and Dennis Bailey, formerly of distributor Montan Lago, are joint managing directors.

Zenith UK say they will be broadening their equipment range to include checkouts, display items and hospital trollies. Shop systems are to become "one-stop shop" say Zenith Shop Systems Ltd, tel: 0845 24764.

COMING EVENTS

Calling Bucks

All community pharmacists working in Buckinghamshire are invited to attend the annual conference of the county LPC, to be held at the Pavilion, the Bell, Aston Clinton, April 23.

The format is being changed from a political to a practical meeting, and the Bucks LPC say they have invited acknowledged experts in the field of the Drug tariff. They want to break down misunderstanding of this "most misunderstood" working document.

Lunch is provided free of charge Contact Judith Westhoff Tel: 08444 5121.

UKCPA AGM

The annual meeting of the United Kingdom Clinical Pharmacy Association will take place on March 11 at 12pm, in the Cockburn Lecture Theatre, Queen Elizabeth The Queen Mother Wing, St Mary's Hospital, Paddington.

It will be preceded by a debate: "This house believes that the way forward for clinical pharmacy depends on teams rather than entrepreneurs".

After lunch Miss Brit Cadman will present the Geistlich clinical pharmacy award lecture.

A registration fee of £10 will include lunch and refreshments. Details from Mike Burden, 73 Aylestone Road, Leicester LE2 7LL. Tel: 0533 552020.

Dorset talk

Dorset LPC has Mike Brining, financial executive to PSNC, speaking at its March 15 meeting. He will speak on the effects of "No cost plus".

The meeting at the Dormy Hotel, Ferndown, Bournemouth will be preceded by a buffet supper at 7.15pm. For anyone attending the buffet the charge is £5 per person, and reservation is required by March 5. Contact Henry Olswang Tel: 0202 35023.

Tuesday, February 28

Leicestershire Branch, RPSGB. Postgraduate Medical Centre, Leicester RI, at 7pm followed by a talk on: "Cervical Screening"

Wednesday, March 1

West Metropolitan Branch, RPSGB. The Board Room, Brompton Hospital, Fulham Road, London SW3 at 7.30pm, coffee &

sandwiches available from 6.45pm. "The use of patient retained computer cards for pharmacy records" by Dr R.G. Stevens.

Thursday, March 2

Wirral Branch, RPSGB. The Wirral Postgraduate Centre, Clatterbridge Hospital, at 8pm. Postgraduate continuing education course.

Northern Scottish Branch, RPSGB. Postgraduate Centre, Raigmore Hospital, Inverness at 7.45pm. Business meeting to discuss branch representatives' motions.

Bristol Branch, RPSGB. Postgraduate Medical Centre, Frenchay Hospital at 8pm. "Choices in health care." Speaker — Dr John Roylance.

Weald of Kent Branch, RPSGB. Kent & Sussex Postgraduate Centre at 7.45pm. "The process of ageing — anatomy and physiology" by Dr L.J. Christopher.

Manchester Branch, NPA. Lancaster County Cricket Club, Trafford Suite, Talbot Road, Old Trafford at 7.30pm. Hot buffet. AGM followed by a talk by Mike Brining, PSNC. "What next after cost plus."

Saturday, March 4

East Metropolitan Branch, RPSGB. Annual dinner dance at Abridge Golf Club. Guest of honour, James Arbuthrust, MP.

Sunday, March 5

Lancaster Branch, RPSGB. Study day on drugs and pregnancy at the Postgraduate Centre.

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614854	OSTOMALT	Medicinal preparations for human use containing extract of malt, and vitamin concentrates.
688416	CASILAN	Infants' and invalids' foods, all containing calcium casinate.
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749718	CASILAN	Agricultural, horticultural and forestry products, all included in Class 31; and foodstuffs for animals.
749719	GLUCOLIN	Foodstuffs, principally of glucose for animals.
749720	OSTERMILK	Foodstuffs all containing milk or milk derivatives for animals
B803786	GLUCOZEST	Pharmaceutical and veterinary preparations and substances all containing glucose.

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B803787	GLUCOZEST	Foodstuffs included in Class 30 and containing glucose.
B803788	GLUCOZEST	Beverages included in Class 32, and containing glucose.
925637	COMPLAMILK	Pharmaceutical and veterinary preparations and substances; infants', invalids' and dietetic foods and beverages; all of the aforesaid goods containing milk or being prepared from milk or milk derivatives.
925638	COMPLAMILK	Milk and milk products (for food and food products included in Class 29) containing milk or being prepared from milk or milk derivatives.
925639	COMPLAMILK	Foodstuffs for animals, for poultry and for fowl, all containing milk or being prepared from milk or milk derivatives.
930196	QUILK	Medicinal and pharmaceutical preparations and substances; infants' and invalids' foods; dietetic foods.
930197	QUILK	Milk products and dairy products, (for food).
959559	OSTERFEED	Infants' foods and dietetic foods.
1095032	OSTERRUSKS	Infants' and invalids' foods; all in the form of rusks.
1095033	OSTERRUSKS	Rusk, (not for infants' or invalids') all containing or prepared from milk.
1132353	OSTERVITE	Infants' and invalids' foods, all containing vitamins.
1136739	QUILK	Milk products and dairy products, all for food; foodstuffs included in Class 29 with a milk base.
1204373	FARLAC	Infants' and invalids' foodstuffs.
1248492	OSTERDEX	Pharmaceutical preparations and substances; infants', invalids' and dietetic foodstuffs.
1198884	OSTERLYTE	Pharmaceutical preparations for the rehydration of infants' and invalids'.
1206803	OSTERPREM	Infants' and invalids' foodstuffs.
1248493	OSTERWATER	Sterilised water for administration infants' and invalids' in hospital.

ABOUT PEOPLE

The Slough swinger

John Ross, proprietor pharmacist of Stoke Road, Slough, was recently reunited with his pop group thanks to Cilla Black's Surprise Surprise show.

The group, called Chris Warren and the Strangers, was formed while John was studying at Sunderland, and they regularly played at halls in the North East, winning a major Top Rank competition in 1964.

John wrote to Cilla Black in December asking her to find the other members of the group which had split up some 25 years ago. A

broadcast on Searchline on January 13 traced the group within half an hour.

Unfortunately the lead singer, Chris Warren did not wish to appear, but the group played *Swinging on a Star*, one of their old favourites, with John on the base guitar at their reunion on the programme.

John says, "It was fantastic to see everyone, unfortunately we all live in different parts of the country, but we might be able to get together to play again from time to time."



Pharmacist John Ross (centre, above) on stage some 25 years ago with the Strangers and now at the recent reunion of the group (second left) on the Surprise Surprise show (left)



Access award for pharmacy

The Stone Cross Pharmacy, Harlow is to be awarded an Access Award certificate for a physical shop layout which assists the disabled, by the Harlow Council.

In the opinion of the award panel the service offered to the disabled was extremely good, and they were very impressed by reports they had received praising the helpfulness of the staff.

Proprietor pharmacist, Michael Fagan is delighted by being selected from over 200 other retailers in a very busy, large shopping centre. Michael says, "In this shop, run by my wife and myself, we are doing only what comes naturally in helping those not so fortunate."

The presentation will take place at the Harlow Town Hall on February 27.

Presented by Fabergé

Ann White has taken home Faberge's salesperson of the year award for the third year running. This time she wins an all expenses paid trip to Jamaica for two.

Part of the package also

includes the chance to drive the car of her choice for a year. Last year it was a BMW 320i with personalised plates. There is also a silver cup, which was presented three weeks ago.

APPOINTMENTS

ABPI's next president

John Farrant, a non-executive director of Glaxo Pharmaceuticals Ltd, is to be the next president of the Association of the British Pharmaceutical Industry. He will succeed David Godfrey director of The Wellcome Foundation Ltd on April 14.

Mr Farrant graduated with honours in chemical engineering at University College, London joining ICI in 1951. He joined Glaxo Laboratories in 1960 and became general manager of the antibiotics plant at Ulverston, Cumbria in 1963.

In 1967 he was appointed personal assistant to the managing director of Glaxo Laboratories, and in 1968 moved overseas to become commercial director of Glaxo Laboratories (India) Ltd becoming managing director in 1970.

Mr Farrant returned to the UK as managing director of Evans Medical Ltd in 1973 and after various other appointments, joined the board of Glaxo Holdings

where he served for ten years before retiring in 1988.

Dr Peter Read, chief executive of Hoechst UK Pharmaceutical Division, has been elected as a vice-president of the Association and David Friend, chairman of ICI Pharmaceuticals and Stewart Siddall, chief executive of Smith Kline & French Laboratories Ltd, have been re-elected as vice-presidents.

Cussons (UK) Ltd have appointed Bob Jones as sales and marketing director. He was previously marketing director of Cussons International.

Givenchy announce the appointment of Sharon Lupino as consultant supervisor for Givenchy Beauté and Swisscare pour Givenchy.

Chugai Pharmaceutical Co Ltd have appointed Dr Hideki Nakano as chief representative in London.

The **Small Electrical Appliance Manufacturers Association (SEAMA)** have appointed Paul Bundy as a consultant on after sales service and the level of returns.

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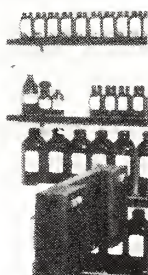
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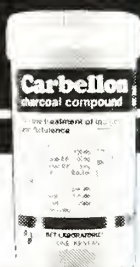
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Use with caution in breastfeeding mothers. Do not use in aortic stenosis or outflow tract obstruction or cor pulmonale.

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Use with caution in breastfeeding mothers. Do not use in aortic stenosis or outflow tract obstruction or cor pulmonale.

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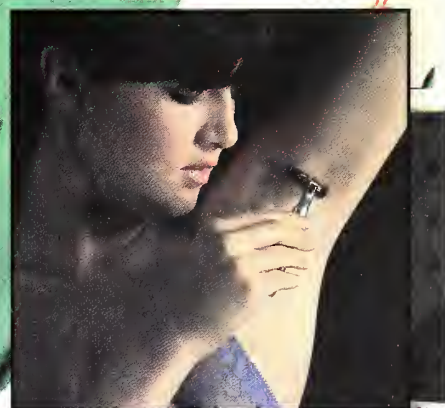
EMIST & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

MARCH 1989



Shoptalk: babytalk

Responding to
requests for
laxatives



Depilatories:
pain or pleasure?

MONTHLY ON-SHELF ROUND-UP; FOCUS ON DIARRHOEA

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Keep writing!

Over the Counter's secretary Jan has been complaining. She's just opened all the envelopes containing your entries to our competitions last month, so we could draw the lucky winners in time for this month's issue. Judging from the fantastic response to the first two issues, at least one page a month is eagerly awaited! Seriously though, we hope the rest of the magazine is as closely followed, and is proving informative and helpful to you, and therefore to your customers. If there is a particular topic you would like to see featured, write and tell us. We want to hear from you.

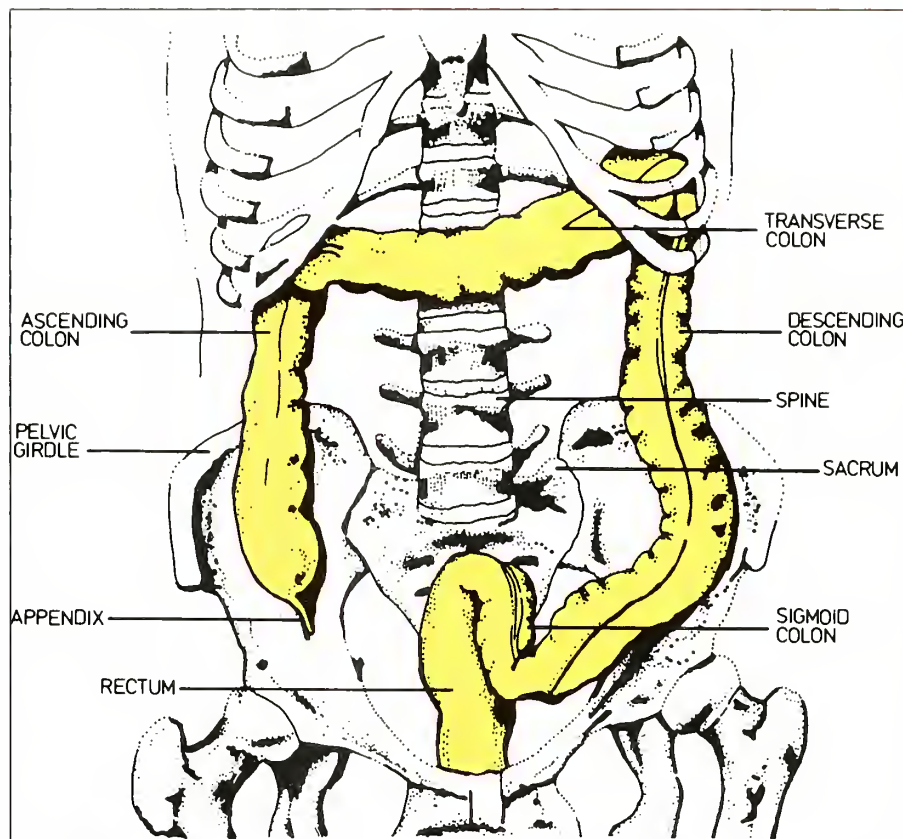
This month sees the start of a new Counterview column. Just like you, Verity is a pharmacy assistant, working behind the counter, experiencing life at the sharp end. Like her counterpart in *Chemist & Druggist*,

Xrayser, Verity will remain anonymous allowing her to tell it as it is, warts and all. You will find Counterview on page 15, along with your letters.

Elsewhere in the issue, on page 4 we cover constipation and diarrhoea, two common complaints that prompt requests for advice every day, you can weigh up the methods of hair removal on page 16, and find out who's running courses in your area on page 25. And if you've entered any of our competitions, you'll find out on page 27 if your entry was first out of the *Over the Counter* sack. If you've been unsuccessful this time, why not give it another go this month. We've increased the number of prizes to five for each competition as an extra incentive. Jan is ready with the paper knife.

See you again on March 25.

FOCUS ON CONSTIPATION



Licence for Laxatives

In the first half of this month's feature, community pharmacist Jeremy Clitherow looks at constipation and when laxatives may be used to relieve the symptoms.

The daily performance was once considered to be essential and custom dictated that if it were not so a remedy should be taken to effect that performance. Fortunately, that belief has now fallen from favour and it is only the few, mostly the elderly, who adhere to the principle.

No body function is more variable than the opening of the bowels. Diet, cultural and other facts modify the working of the digestive tract to make "regular" mean three times a day to some people, and once every three days to others. Given this qualification, constipation can be defined as the difficult or infrequent passage of hard motions.

Patients talk of constipation when properly they ought to refer to abdominal distension or abdominal discomfort. A tactful and well informed pharmacy assistant will be able to interpret the disorder and, without contradicting the patient, advise and inform. A few wise words, carefully chosen and delivered with the authority which comes naturally with product knowledge and background research, will be well received. Patient advice handouts can be an invaluable supplement and serve to be a permanent reminder of the advice given.

The colon

The colon is four and half feet long and is the final section of the alimentary tract (see

diagram). Among other functions, it is very important in maintaining a healthy bowel habit. Its action is to absorb water and salts from the bowel content into the blood. If too much water is absorbed, the contents become too hard and dry, leading to difficulty in passing, whereas if too little is absorbed the result will be too fluid a content and the patient will complain of diarrhoea.

The time taken for the residue to pass through the colon is also important. Too little time and insufficient water will be absorbed and *vice versa*. The nerves and muscles of the colon control this transit time, but the diet is by far the most important factor of all.

What goes wrong?

If waste is retained for too long, constipation is the result. This interruption in the normal cycle may be due to environmental factors — early morning commuters with no access to toilet facilities *en route* to the office or other workers who have to ignore or suppress the body's natural urges. The fluid intake of such people may be irregular and inadequate to maintain a normal bowel habit. Their diet may be far from sensible and including "fast foods" with little or no fibre.

Exercise is essential for health, and good for the bowels as well. Regular exercise and the development of a routine to include a

convenient time set aside for the bowel function will usually mean escape from constipation problems in susceptible patients.

Constipation can arise because of the side effects of drugs taken for other ills. Codeine linctus, taken for a ticklish cough which interferes with sleep, will cause constipation; hence the use of this property of all morphine salts, as in kaolin and morphine mixture for diarrhoea. Painkillers based on codeine will also have this effect, and certain antidepressants have constipating actions. Constipation is also a common occurrence in pregnancy, though the cause this time is a physical one, due to the presence of the growing child.

Patients may well call at the pharmacy complaining of progressive abdominal discomfort, distention, flatulence and even nausea and vomiting. A little tactful inquiry will soon identify the problem. However, **never forget cancer**. Be mindful of this when the patient asking for advice describes a changing bowel habit. If, at any time, you have doubts, tell your pharmacist, but don't, of course, unnecessarily alarm the patient.

We Westerners, living on a processed diet, lack the fibrous constituents of other national diets and this is reflected in the greater number who develop bowel cancer compared with our neighbours in other countries with their own diets.

The physical complications of the alteration in abdominal size and shape will be well known as will its associated discomfort. A prolonged condition will produce nausea, bad breath and even vomiting. The straining necessary to evacuate will increase the dangers of rectal bleeding — particularly if the patient has haemorrhoids (piles) — or even an angina attack. Above all, a constipated patient does not feel well.

Remedies

Fluid and diet As mentioned above, fluid intake and diet are the principal factors in constipation. If the fluid intake is less than, say, two pints a day, constipation is inevitable and the remedy lies in increasing fluid intake. If the diet is predominantly of low bulk forming foods, the volume of residue needs to be increased. This is best achieved by eating more fibre.

Fibre is present in the husks of grain, but it is mostly absent in the processed end products of "white" breads. A sensible change would be to use wholemeal varieties, or even to purchase granulated or unprocessed wheat bran, to use as a food additive, not forgetting to increase fluid intake. Another word of caution here: fibre without fluid spells disaster in the form of intestinal obstruction!

Fibre may be prescribed by GPs in the form of Fybogel, Isogel, Metamucil, Regulan, Vi-Siblin or Normacol, but not in the form of bran itself because of the limitations of the NHS "blacklist".

Stimulant laxatives The original stimulant laxatives were aloes, castor oil, cascara and a compound pill called "pill number 9" which was a mixture of colocynth and jalap. All of these preparations cause dramatic purging and are best avoided. Prolonged use produces a lazy bowel; the system is defeated by the very product taken to alleviate the condition.

Currently used stimulant laxatives include

isacodyl, phenolphthalein and senna. They work by increasing the motility in the bowel, which technically is known as peristalsis. Peristalsis can be thought of as a constricting ring of muscle which passes along the muscular tube which is the intestines and colon, pushing the content before it. It is a progressive wavelike motion and is the way the alimentary tract passes food along its length. The use of phenolphthalein has fallen from favour.

Lubricant laxatives Liquid paraffin, as the oil, in the form of an emulsion, and as a mixture with other preparations has been a traditional remedy for generations. While liquid paraffin is most unpalatable, its emulsions can be quite pleasant tasting. However, it is best avoided, as its disadvantages outweigh its advantages. The mode of action is by lubrication and by softening the stools. The disadvantages, however, are those of the oil leaking from the anus causing irritation and offence, the upsetting of absorption of fat soluble vitamins, and that it may also cause a form of pneumonia.

Osmotic laxatives An osmotic laxative works by drawing water into the bowel contents, softening and liquefying them. (Osmosis is the process by which water passes from a more dilute solution, across a membrane, into a more concentrated one until the concentrations of both sides are equal).

Magnesium salts are the traditional osmotic laxatives. Magnesium sulphate (Epsom salts) may be taken as the salts in water or in magnesium sulphate mixture (Mist. Alba) or in tablet form. Magnesium hydroxide may be taken as the salts in water, in the form of magnesium hydroxide mixture or as a compound emulsion with liquid paraffin.

Lactulose is a sugar which is not absorbed by the body. It is the most commonly prescribed laxative at present, but is rather expensive. It comes as a thick syrup with a palatable taste.

It works like an osmotic laxative but with several differences and additions. In the colon, lactulose is broken down by the naturally occurring bacteria into simpler acid molecules. This produces water retention within the colon and so increases the bulk of the bowel content. Peristalsis is stimulated by the increased bulk and the time spent in the colon decreases. The major patient complaint with lactulose is wind.

Laxative suppositories Glycerin suppositories are inserted, dissolve in the rectum and assist the softening of faecal matter. The action is entirely local. There is also a mild lubricating effect. Bisacodyl suppositories act by stimulating the lining of the lower bowel and produce their effects within the hour.

Summary and the assistant's role

Constipation is an occasional problem for many people, more predominant in the elderly, the inactive and the pregnant.

Faulty diet, with insufficient fibre content is often to blame, followed by insufficient fluid intake and then lack of exercise. Coupled with lack of fluid intake may be a thoughtless bowel habit or too constricting a work or social pattern, preventing access to toilet facilities, with the consequent ignoring of natural signals.

The remedy lies in the examination and alteration of the faults identified, perhaps with a little sensible additive to the diet eg bran and fluid. The order is, therefore, advice, fibre and fluid and only then an occasional resort to safe laxatives.

The correct method of dealing with a constipation inquiry will, therefore, be:-

Listen,

Ask if any other medicines are being taken,

Ask for how long the condition has been present,

Tactfully query pregnancy, and only then, advise.

Remember: Caution always. Think of the correct way to treat the condition and the order of priorities. Be aware of the misuse of laxatives by weight-conscious and potentially anorexic customers. They may be unaware of the longterm effects of laxative abuse, mindful only of the weight reduction that occurs when the bowels are evacuated. Think of the warning signs of more serious disease and the damage an unwise laxative could cause to an unborn child, before making a recommendation.

Action

Having learnt the background to the physiology and the products available, including their modes of action, is it not now time to examine your stock critically? You will find a complete run down of the over the counter products to relieve constipation on p8, 9 and 10 of this issue.

Discuss with your pharmacist the ideal products — and the not so ideal ones — to stock and recommend. Devise between you a formulary for laxatives and determine the point at which you recognise your limitations and when you should refer the query to the pharmacist.

Remember

Constipation is the infrequent passage of hard dry motions. It is not the irregular passage of normal motions. Normal for one person may be three times a day; for another it could be once every three days. It is a change of frequency that is important.

Constipation is not harmful in itself, though its symptoms are uncomfortable. However, any major change in the bowel habit, especially in the middle aged or elderly may need to be referred to a doctor to check for the possibility of more serious illness. Advise your pharmacist of any suspicions.

The usual cause of constipation is a lack of fibre (roughage) in the diet. This can be corrected by eating more fruit and vegetables, and by eating more bran, either as cereals or as a food additive. Sufferers should also drink plenty of water and try to get some regular exercise. Constipation can also be caused by a change of scene, long periods of inactivity or illness.

Some drugs can cause constipation as a side effect.

Always beware the possibilities of laxative abuse; regular laxative use can be harmful to the normal workings of the bowel, causing rebound constipation when the laxative's are stopped.



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Treating the trots

Same system: opposite problem. In the second half of his article, Jeremy Clitherow considers diarrhoea and the assistant's role in its treatment.

Diarrhoea can be defined as the frequent passage of abnormally soft or liquid motions. In adults, it is an occasional inconvenience which is not a cause for concern. But if prolonged, the sufferer may well become exhausted, dehydrated and lose essential body salts necessary for health.

As discussed in the article on constipation, water is absorbed from the bowel contents through the walls of the colon. The quantity of water absorbed depends upon the time the contents take to travel through the colon.

If the transit time is too great, too much water is absorbed and the contents become hard and difficult to pass — constipation results. The converse is true. If the bowel content spends too short a time in the colon, insufficient water will be absorbed and the motions will remain in their liquid state, producing diarrhoea.

Causes

The most common cause is diet, be it excessive or ill-advised food and drink or improperly cooked food. Most people will be able to identify the root cause of the condition with ease. Irritants in the form of laxatives, excess beer, nuts and fibrous foods can all produce the occasional bout of diarrhoea. Abstinence is the solution, particularly if the condition arises after each encounter with a particular irritant.

Probably the next most common cause is anxiety. And certain antibiotics and other medicines can produce diarrhoea. Bowel infections may produce copious diarrhoea, as can Crohn's disease and ulcerative colitis, where the colon becomes inflamed.

A word of warning again — do not forget cancer. Cancer of the bowel will often present the patient with a seemingly innocent change of bowel habit. Watch out for the patient who suddenly needs prolonged diarrhoea treatments and inform the pharmacist immediately.

Remedies

Kaolin and chalk are currently used for their adsorbent properties — to adsorb the irritant and to coat the inside of the alimentary tract with a bland covering, thus reducing its irritability.

Morphine and related compounds are used to correct diarrhoea, usually in the forms of codeine phosphate and tincture of chloroform and morphine (chlorodyne). Morphine reduces the movement of the gastrointestinal tract, to enable more water to be absorbed and thus to solidify the contents, it increases the tone of the muscle in the tract and tightens all the sphincters. Emptying of the stomach is slowed and all secretions decreased.

Bulking agents may be used to increase the volume of the bowel content and so distend the bowel. This slows the gut movement, transit time is increased and more water is absorbed leading to control of the diarrhoea.

Current therapies tend to concentrate

more on the replacement of the body salts, minerals and water lost through the condition rather than arresting the symptoms — provided the cause is simple and the illness clears on its own.

Products available

Kaolin as the powder, in the plain mixture or in branded products may be formulated and presented for either children or adults. Paediatric kaolin mixtures tend to be more pleasant tasting than the adult ones.

Kaolin and morphine mixture (Pharmacy only) is effective and by far the most commonly requested adult antidiarrhoeal mixture.

Chalk mixture, paediatric or adult, is a well-trusted formulation but has a lesser following with younger generations of parents than their predecessors. Several proprietary brands are formulated with chalk as the active ingredient. **Aromatic chalk and opium mixture** (Pharmacy only) is a more old-fashioned recipe and contains five times the morphine content of kaolin and morphine mixture.

Loperamide (Arret) is an effective antidiarrhoeal with a dose of two capsules at once, followed by one after each loose motion, up to eight capsules in 24 hours, for adults.

Methylcellulose, ispaghula husk and sterculia increase in bulk when wetted. They are taken with a minimum of water and absorb the excess from the liquid bowel content. They are particularly useful for patients with colostomies.

Compound sodium chloride and glucose powder (Dioralyte, Rehidrat) contains salt, potassium chloride, sodium bicarbonate and glucose. It is presented in individual foil packets each containing the correct quantity which, when made up to 200mls (about half a pint) with fresh drinking water (for adults) or freshly boiled and cooled water (for infants), ensures the correct balance of salts and glucose. There is positive harm, rather than merit, in making up a more concentrated solution than is recommended. Such powders are available in several flavours.

Warnings

The directions on prescriptions for compound sodium chloride and glucose powder are frequently absent and may prompt an inquiry. Be careful. If the patient is a baby, always refer the inquirer to the pharmacist. Otherwise a rule of thumb should be: sufficient to replace the lost fluid in the loose motions.

Remember dehydration: under 12 months of age, 24 hours acute diarrhoea can be fatal. Parents will ask about bottle and breast feeding. Again, the rule of thumb is that cow's milk and artificial feeds in infants should usually be stopped for 24 hours, and gradually introduced when the diarrhoea has lessened; breast feeding, however, should be continued.

Drug abuse and tolerance: the liquid on the top of unshaken bottles of kaolin and morphine mixture, and other such mixtures, represents a legal source of morphine to many abusers. Be careful to monitor all sales. As you will have to inform the pharmacist of each and every sale anyway, identify possible abusers to him then.

Tolerance and dependence develop quickly. The patient will then have to return frequently. You should notice this. It is a pharmaceutical and ethical offence to sell a drug of abuse, knowingly, to an abuser.

Cancer. Cancer of the bowel must never be forgotten. In Westerners its occurrence is far greater than in other nationalities. Be watchful for patients' changing bowel habits and alert your pharmacist.

Approaching the patient

The two most important questions to ask are: how long has the patient had the condition, and are we talking about an adult, followed by, is he or she taking any other medicines? Do remember that diarrhoea in a baby under 12 months of age can produce irreversible dehydration and death within 24 hours. Do not assume that the person asking for advice is necessarily the patient.

Action

Now that you've read the article, take a look at the products for diarrhoea stocked on the shelves of your pharmacy. Our compiled list on px of this issue of *Over the Counter* will help you to compare ingredients. You might like to talk over with your pharmacist how he or she would like you to approach requests for antidiarrhoeal products. How would he or she like you to deal with requests for kaolin and morphine?

Remember

Diarrhoea is the passage of too frequent, watery motions.

It may be caused by excessive food and drink or a food-associated infection. It can also be a symptom of other illnesses, particularly in children.

A 24-hour break from all food and drink except for water or soft drinks is advisable; plenty of water should be drunk. Milk should be avoided.

Salt and sugar powders used to replace the body fluids lost, especially in young children, should be made up strictly according to their instructions.

If the patient is a baby or small child, diarrhoea lasting only a few hours can cause serious dehydration. Advise your pharmacist of any requests.

Any major change in bowel habit, especially in the middle-aged or elderly may need to be referred to a doctor to exclude more serious illness. Advise your pharmacist of any suspicions.

NEW FROM BEECHAM



A breakthrough in the treatment of diarrhoea.

Beecham Diocare, a new pharmacy only product, is a major innovation in the treatment of diarrhoea.

As you would expect, it stops diarrhoea fast and effectively. But in addition, Beecham Diocare replaces essential salts and fluids.

This unique combination means that, for the first time, the essential benefits of symptomatic relief and oral rehydration therapy are available in a single product.

A pleasant-tasting orange drink, Beecham

Diocare is suitable for all the family, even for children of six years and over. The sachet presentation makes it ideal for use at home or abroad.

Beecham Health Care will be supporting Beecham Diocare with a consumer press campaign aimed especially at mothers.

You can recommend Beecham Diocare, confident that no other anti-diarrhoeal meets their needs so completely.

BEECHAM
Diocare

the only all-round
solution.

Pharmacy only

Beecham	No.1
Health	in O.T.C.
Care	Medicines

Constipation

A review of the causes of constipation and its treatment will be found on p4 and p5 of this issue of *Over the Counter*.

Agarol

(P)

Warner-Lambert

White emulsion containing phenolphthalein 66mg, liquid paraffin 1.6ml and agar 10mg in each 5ml

Constipation (recommended in conditions when straining at stool is a hazard)

Adults and the elderly: 5-15ml at bedtime. If necessary repeat two hours after breakfast **Children aged 5 to 12 years:** 5ml at bedtime or two hours after breakfast (may be mixed with water, milk or fruit juice)

Caution: Do not take within two hours of a meal

200ml £2.05 500ml £4.15

Allophen

(P)

Warner-Lambert

Brown, film-coated pills each containing aloin 15mg, belladonna 5mg, ipecacuanha 4mg and phenolphthalein 30mg

Constipation
Adults and the elderly: One to three pills at bedtime
Children: Not recommended
50s £1.79

Andrews Liver Salts

Sterling Health

White, effervescent powder containing sodium bicarbonate 22.6 per cent, citric acid 19.5 per cent and magnesium sulphate 17.4 per cent (diabetic formula differs)

Constipation
Two teaspoonfuls (10ml) or two sachets dissolved in a glass of water before breakfast or at bedtime
Tins 113g £1.09 227g £1.79

Diabetic 227g £1.89 Sachets 5s £0.59

Beechams Pills

Beecham Health Care

Green tablets containing aloin 10mg

Constipation and associated symptoms

Adults and children aged 12 years and over: One to two tablets at night as required

60s £1.05 120s £1.55

Bonoint

Intercare

Individual chewing gum tablets containing phenolphthalein 97mg with a pleasant mint base

Adults: One tablet **Children:** Half to one tablet. It is only necessary to chew a tablet until the flavour has gone.

Caution: The gum should not be swallowed and should be removed before going to bed.
6s £0.68 16s £1.28

Brooklax

(P)

Intercare

Flat chocolate squares, each square has two tablets. Each tablet contains yellow phenolphthalein 130mg

Relief of constipation
Adults: Half to two tablets. **Children:** Quarter to one tablet
6s £0.62 18s £1.25

Califig

Sterling Health

Liquid containing aqueous extract of senna leaf 27.8 per cent in fig syrup

Constipation

Adults: 10-20ml **Children aged 6 to 15 years:** 7.5-15ml **Children aged 3 to 6 years:** 5-10ml **Children aged 1 to 3 years:** 2.5-5ml
55ml £0.99 110ml £1.79

Calsalettes

(P)

Torbet Laboratories

White, sugar-coated and brown, uncoated tablets both containing aloin 38mg in each tablet

Constipation

One tablet at bedtime. Maximum of four tablets in 24 hours

Caution: Not recommended for children under 12 years
60s £1.79

Carbalax

Pharmax

Suppositories containing sodium bicarbonate 1.08g and anhydrous sodium acid phosphate 1.32g

Constipation and local anal conditions

Insert one rectally 30 mins before evacuation is required

Caution: Not for use in children. Do not lubricate

12s £3.97

Carters Little Pills

Carter Wallace

White pills containing phenolphthalein 16mg and aloin 8mg

Constipation

One to two pills before bedtime
36s £0.79 100s £1.39

Prices in this section are correct at the time of going to press. For latest packs and prices, see C&D Price Service

Celevac

Boehringer Ingelheim

Pink tablets containing methylcellulose 500mg

Constipation

Three to six tablets to be chewed twice a day after meals with a large glass of liquid.

Caution: Celevac can be used in other conditions; for details of dosages see pack.
112s £1.60

Cologel

Eli Lilly

Lemon-flavoured solution containing methylcellulose 9g with alcohol 5 per cent in 100ml

Constipation

5-15ml in water three times a day after meals
500ml £4.92

Compound Figs Elixir

Fig 3.2g, cascara elixir 0.5ml, compound rhubarb tincture 0.5ml, senna liquid extract 1ml in 10ml

Correctol

Kirby-Warrick

Pink tablets containing dioctyl sulphosuccinate 100mg and yellow phenolphthalein 65mg

Constipation

Adults and children aged 12 years and over: One tablet at bedtime or on waking as required

Caution: Not to be taken if pregnant or breast feeding. Discontinue use if a rash appears.

15s £1.25 30s £1.99

Dioctyl Paediatric Syrup

(P)

Medo

Pale yellow, orange-flavoured syrup containing docusate sodium 12.5mg in each 5ml

Chronic constipation

Children: 5-10ml three times a day **Infants (over six months):** 5ml three times a day
125ml £1.26 1 litre £8.50

Dioctyl Syrup 1 per cent

(P)

Clear peppermint flavoured syrup containing docusate sodium 50mg in each 5ml

Adults: Up to 500mg daily in divided doses
1 litre £12.94

Dioctyl Tablets

(P)

Yellow sugar-coated tablets each containing 100mg

Adults: Dose as above

Caution: Do not take with mineral oil and reduce dosage with anthraquinones.
100s £4.76 250s £10.95

Dulcolax

(P)

Windsor

Yellow, coated tablets marked "Dulcolax" on one side each containing bisacodyl 5mg

Constipation

Adults and children over 10 years:

Two tablets swallowed whole at night **Children 6 to 10 years:** One tablet swallowed whole at night **Children under 6 years:** Only on medical advice

Caution: Do not take antacids within one hour of taking Dulcolax tablets
20s £1.22 60s £2.99

Dulcolax suppositories

White, opaque, foil-wrapped suppositories containing bisacodyl 10mg (5mg for children)

Adults and children over 10 years:

One 10mg suppository inserted rectally in the morning **Children under 10 years:** One 5mg suppository inserted rectally in the morning
5mg 5s £0.94 10mg 10s £1.79 20s £3.37

Remember

Constipation is the infrequent passage of hard, dry motions. It is not the irregular passage of normal motions. It is a change of frequency that is important.

Any major change of bowel habits, especially in the middle aged or elderly, may need referring to a doctor to exclude the possibility of a more serious condition. Advise your pharmacist of any suspicions.

The usual cause of constipation — a lack of fibre (roughage) in the diet — can be corrected by eating more fruits and vegetables and by eating more bran, either as cereals or as a food additive. In infants, adding a fruit puree to the diet will serve the same function. Sufferers should also drink plenty of water and try to take some regular exercise.

Duphalac ^(P)

Duphar

A colourless to pale yellow solution containing lactulose 1.35g, lactose 0.3g and galactose 0.55g in 5ml

Constipation
Dosage should be adjusted to the needs of the individual, but as a guide: **Adults** 15ml twice a day
Children 5 to 10 years: 10ml twice a day. **Children under 5 years** 5ml twice daily. **Babies under 1 year** 2.5ml twice a day
300ml £4.50 500ml £6.65

Ex-lax Chocolate Tablets

Intericare

Individual chocolate tablets in blocks of six, each containing yellow phenolphthalein 98mg

Constipation

Adults: One tablet **Children over 6 years:** Half to one tablet
Caution: Consult your doctor if you are pregnant or breast feeding.

6s £0.57 18s £1.18 36s £1.96

Fam-lax Tablets

Roberts

Light brown tablets with break-line, each containing yellow phenolphthalein 120mg and powdered rhubarb 27.5mg

Constipation
Adults and children over 12: Half to one tablet at bedtime. The tablet may be chewed or crushed or taken with water, milk or fruit juice
Caution: Not recommended for children under 12 years
36s £0.69

Fletchers Arachis Oil Retention Enema ^(P)

Pharmax

Self-contained single dose disposable enema containing arachis oil 130ml
To soften impacted faeces
Adults: One enema as required
Children: In proportion, according to age. The enema should be warmed before use
£1.74

Fletchers Enemette ^(P)

Pharmax

Liquid containing docusate sodium 90mg and glycerol 3.78g in 5ml single dose micro-enema
Mild to moderate constipation
Use one rectally as required.
Not recommended in children under 3 years.
£0.52 each

Fletchers Phosphate Enema ^(P)

Pharmax

Self-contained disposable single dose enema of 128ml aqueous solution containing sodium acid phosphate 12.8g and sodium phosphate 10.24g
Constipation
Adults: One enema as required
Children: In proportion according to age
Caution: Not to be used in patients with inflammatory conditions of the large bowel. Prolonged use may lead to anal irritation
Standard tube £0.74 Long tube £1.04

Fybogel and Fybogel Orange

Reckitt & Colman

Pale orange or buff-coloured flaky granules. Each sachet contains ispaghula husk 3.5g
Constipation
One sachet morning and evening stirred into water and taken as soon as possible, preferably after meals
10 sachets £1.16
GSL licence restricts sales to pharmacies

Fybranta

Norgine

Palatable, chewable, mottled, light brown tablets each containing bran 2g and calcium phosphate
Constipation
Chew one to three tablets three or four times a day, with food, and swallow with a drink
Caution: Do not swallow whole
100s £3.95

^(P) denotes that a product is Pharmacy only and can only be supplied under the supervision of a pharmacist

Isogel Granules

Allen & Hanburys

Small, reddish pink granules of ispaghula husk
Constipation
Adults: Two teaspoons once or twice a day, preferably at mealtimes. **Children:** One

Remember

Some drugs cause constipation as a side-effect. It is good practice to ask all customers seeking advice on medicines what else they are taking.

Always beware the possibilities of laxative abuse; regular laxative use can be harmful to the normal workings of the bowel.
If laxatives are required every day, or if a patient has persistent abdominal pain, they should see a doctor. Advise your pharmacist of any cases.

Phenolphthalein can cause rashes. Its laxative effects may last for several days, and its use may also turn the urine pink.

teaspoonful once or twice a day. The required quantity should be stirred briskly into half a glass of water and swallowed at once. An aerated water is frequently preferred and may be easier to swallow
200g £1.48

Juno Junipah

Cox

White powder containing sodium sulphate 4.41g, sodium phosphate 38.55mg and sodium bicarbonate 546mg in 5g
Constipation
10ml in water each morning, and at night if necessary
150g £1.45

Juno Junipah tablets

White uncoated tablets imprinted with "JJ" on one side, each containing sodium sulphate 450mg, sodium phosphate 60mg and phenolphthalein 25mg
Constipation
Two to four tablets with hot water at night
65s £1.45

Kest

Torbet

White tablets marked 'kest' each containing phenolphthalein 50mg and magnesium sulphate 300mg
Constipation
One or two tablets at night
Caution: Not to be used in patients with impaired kidney function
50s £0.93

Kruschen Salts

Ashe

Powder containing sodium sulphate 2 per cent, potassium sulphate 5.5 per cent, potassium iodide 0.001 per cent, sodium chloride 10 per cent, potassium chloride 1 per cent, citric acid 1.5 per cent, magnesium sulphate 79.999 per cent
Mild irregularity and constipation
Take one 5ml spoonful before breakfast in a glass of hot water
110g £1.93

Laxoberal ^(P)

Windsor

Yellow/orange, sugar-free, fruit flavoured liquid containing sodium picosulphate 5mg in 5ml
Constipation
Adults and children over 10 years: 5-15ml at night
Children 5 to 10 years: 2.5-5ml at night
Children under 5 years: 2.5ml at night
100ml £2.19 300ml £6.27

Lejfibre

Britannia Health

Oat fibre biscuits — 10g each — containing oat bran flour, rolled oats, fat, rye flour, skimmed milk powder, gluten, ammonium bicarbonate, dried yeast, sodium bicarbonate, sodium chloride and lecithin
Constipation
One to two biscuits to be eaten (either plain or spread with butter, jam etc) with a hot or cold drink, morning and evening
25s £2.95

Manevac ^(P)

Galen

Brown, sugar-coated, mint-flavoured granules containing fibrous seed of plantago ovata 54.2 per cent and tinnerelly senna fruits 12.4 per cent
Constipation
Adults and children over 12 years: 5-10ml placed on the tongue without chewing and swallowed with water or a warm drink, after supper and if necessary before breakfast. In persistent cases use 10ml every six hours for one to three days
Children aged 5 to 12 years: 5ml daily, as a single dose or in divided doses. **Pregnant women:** 5-10ml every morning or evening
Caution: The granules contain 0.7g sucrose in 5ml
Can 250g £4.28

Metamucil

Searle

Cream coloured, granular powder containing ispaghula husk 49g in each 100g
Constipation

Adults and children over 12 years: 5ml in 150ml (¼ pint) cool liquid one to three times a day **Children aged 6 to 12 years:** 2.5-5ml in 150ml liquid one to three times a day
Tub 200g **£1.44** 550g **£3.96**

Micolette (P)

Wyeth

Clear, colourless, thick liquid containing sodium lauryl sulphoacetate 45mg, sodium citrate 450mg, glycerol 625mg, potassium sorbate, citric acid, sorbitol and water, in each 5ml disposable polyethylene tube with two inch pliable nozzle
Constipation

Adults and children over 3 years: Lubricate the nozzle with one drop of liquid, insert it fully into the rectum and squeeze the tube to empty the content. In severe cases use two tubes.
12s **£3.70**

Prices in this section are correct at the time of going to press. For latest packs and prices, see C&D Price Service

Micralax Micro-enema (P)

Smith, Kline & French

Disposable plastic tube with a 2-inch pliable plastic nozzle containing 5ml of a colourless viscous liquid incorporating sodium citrate 450mg, sodium alkylsulphoacetate 45mg and sorbic acid 5mg, together with glycerin, sorbitol and purified water
Constipation

Adults and children over 3 years: Administer the contents of one microenema rectally, inserting the full length of the nozzle
12s **£6.24**

Milk of Magnesia

Sterling Health

Liquid suspension containing magnesium hydroxide 415mg in each 5ml
Constipation (for other indications and dosages see packs)

Adults: 10-15ml **Children over one year:** 5-10ml
Caution: Discard within six months of opening
100ml **£0.85** 200ml **£1.49** 300ml

£1.99

Milk of Magnesia Tablets

Tablets containing magnesium hydroxide 300mg
24s **£0.69** 72s **£1.55** 120s **£1.99**

Mil-par

Sterling Health

Suspension containing magnesium hydroxide 300mg and liquid paraffin 1.25ml in each 5ml
Constipation

Adults: 15-30ml in water before breakfast or at bedtime; **Children aged 7 to 12 years:** 7.5-15ml at bedtime; **Children aged 1 to 7 years:** 5-10ml at bedtime.

Caution: Not recommended in infants below one year
100ml **£0.85** 200ml **£1.49** 500ml **£2.15**

Normacol Plus

Norgine

Brown, coated granules containing sterculia 62 per cent and frangula 8 per cent
Constipation

Place the granules dry on the tongue and swallow with plenty of water, without chewing or crushing
Adults: One to two sachets twice a day after meals
Children: As directed by your doctor
10 by 7g sachets **£1.70**

Nylax

Evans Medical

Red sugar-coated tablets containing phenolphthalein 60mg, cascara dry extract 30mg, powdered senna leaf 15mg and bisacodyl 2mg
Constipation

One to two tablets at bedtime as required
30s **£0.84**

Petrolagar

Wyeth

Thick, white, vanilla-flavoured emulsion
Constipation

10ml night and morning, after meals
200ml **£1.64** 500ml **£3.05**

Proctofibe (P)

Roussel

Beige, film-coated tablets, each containing fibrous extract of grain 375mg and fibrous extract of citrus 94mg
Simple constipation and other gastrointestinal disorders where a high fibre regimen is indicated

Adults and children over 3 years: Four to 12 tablets daily in divided doses. The tablets should be swallowed with ample water. Alternatively, they may be crushed and dispersed in water
125s **£6**

Regulan

Gold Cross

Citrus-flavoured, beige powder containing ispaghula husk 3.6g in each 6.4g sachet
Constipation

Adults and children over 12 years: Contents of one sachet in 150ml (¼ pint) cool water, one to three times a day. **Children aged 6 to 12 years:** 2.5-5ml in 150ml water, one to three times a day
30 sachets **£3.18**

Regulettes

Cupal

Scored, light brown, chocolate-flavoured, chewable tablets each containing yellow phenolphthalein 120mg
Constipation

Adults and children over 12 years: One to two tablets to be chewed at bedtime
Caution: Do not use during pregnancy and avoid if breast feeding
30s **£0.86**

Relaxit Micro-enema (P)

Pharmacia

A sterile viscous solution containing sodium citrate 450mg, sodium lauryl sulphate 75mg, sorbic acid 5mg, glycerol and sorbital solutions to 5ml
Constipation

Follow the instructions on the box. Micro-enema should be withdrawn from the rectum after squeezing out contents before releasing pressure. Relaxit is usually effective within 15 minutes
4s **£2.20** 12s **£6.60**

Senlax

Intercare

Chocolate tablets each containing senna glycosides 60 per cent 25mg
Constipation

Adults and children over 12 years: One tablet at bedtime **Children aged 6 to 12 years:** Half a tablet at bedtime
Caution: Not recommended during pregnancy
12s **£0.79** 24s **£1.45**

Senokot

Reckitt & Colman

Small brown tablets containing

standardised senna equivalent to 7.5mg total sennosides
Constipation
Two tablets at bedtime
24s **£0.89** 50s **£1.49** 100s **£2.19**

Senokot syrup

Brown, fruit-flavoured syrup with 7.5mg total sennosides as standardised senna extract in 5ml
100ml **£1.79**

Senokot granules

Brown chocolate-flavoured granules containing standardised senna equivalent to 15mg total sennosides in a level 5ml
5ml at bedtime
100g **£2.29**
GSL licence restricts sale to pharmacies

Diarrhoea

A review of the causes of diarrhoea and its treatment will be found on p6 of this issue of *Over the Counter*.

Arobon (P)

Nestle

Powder derived from carob pulp, containing ceratonia siliqua 80 per cent, amyllum 15 per cent and theobroma cacao 5 per cent
Diarrhoea
Adults and children: 20-40g daily in divided doses, mixed with water or milk **Infants from birth to 6 months:** 3-5g in 100ml of boiled water **Infants 6 months onwards:** 5-10g in 100ml of boiled water
Tin 150g **£2.24**

Arret (P)

Janssen

Brown and turquoise capsules each containing loperamide 2mg
Acute diarrhoea
Adults and children over 12 years: Two capsules to start, then one capsule after each loose motion. Maximum of eight capsules in 24 hours.
Caution: Not recommended for children under 12 years
6s **£1.89** 12s **£3.09**

Arret Syrup (P)

Redcurrant flavoured sugar-free syrup containing loperamide 2mg in each 10ml
Adults and children over 12 years: Take 20ml syrup to start, then 10ml after each loose motion. Maximum of 80ml in 24 hours.
90ml **£2.19**

Collis Browne's Mixture (P)

International

Liquid containing anhydrous morphine 1mg, peppermint oil 1.5ml in 5ml

diarrhoea and tummy upsets
10-15ml once or twice at four
hourly intervals
Caution: Not suitable for children
under 6 years
5ml **£1.59** 100ml **£2.39**

Polis Browne's tablets **(P)**
Tablets containing light kaolin
50mg, morphine hydrochloride
0.35mg and heavy calcium
carbonate 200mg
Diarrhoea in colic, mild forms of
astroenteritis
Two to three tablets at once
then two to three tablets every
four hours
8s **£1.35** 36s **£2.05**

Biocalm **(P)**
Beecham Health Care

Tablets each containing morphine
hydrochloride 0.395mg, activated
attapulgit 312.5mg, attapulgit
87.5mg
Diarrhoea
Chew tablets and swallow with
water every two to four hours as
required, to a maximum of six
lozenges in 24 hours. **Adults and
children aged 12 years and over:** Two
tablets. **Children aged 6 to 12:** One
tablet. **Children under 6 years:** Not
recommended.
Caution: If symptoms persist for
more than 24 hours, consult
your doctor.
20s **£1.73** 40s **£2.78**

Diocare **(P)**
Beecham Health Care

Sachets of powder containing
morphine hydrochloride
0.395mg, anhydrous glucose 3g,
sodium citrate 440mg, sodium
chloride 260mg and potassium
chloride 230mg
Stops diarrhoea and replaces
essential salts and fluid.
Take every two to four hours as
required to a maximum of six
lozenges in 24 hours. **Adults and
children aged 12 years and over:** Two
sachets dissolved in 300ml water

Remember

Diarrhoea is the passage of too frequent, watery motions.

A 24-hour break from all food and drink except for water or soft drinks is
advisable; plenty of water should be drunk. Milk should be avoided.

Salt and sugar powders, used to replace the body fluids lost, should be made
up strictly according to their instructions. When the solution is made up, a
good rule of thumb for dosage is to drink enough to replace the amount
of fluid lost.

Always check who the product is being bought for. **If the patient is a baby**
or a small child, diarrhoea lasting only a few hours can cause serious
dehydration. Advise your pharmacist of any such requests.

Any major change in bowel habit, especially in the middle-aged or elderly,
may need referring to a doctor to exclude a more serious condition.
Advise your pharmacist of any suspicions.

Children aged 6 to 12: One sachet
dissolved in 150ml water. Not to
be used in children under 6
years.
Caution: If symptoms persist for
more than 48 hours, consult
your doctor
10s **£1.89**

Dioralyte **(P)**

Rorer

Foil sachets each containing
sodium chloride 200mg,
potassium chloride 300mg,
sodium bicarbonate 300mg and
glucose 8g, available in plain,
cherry and pineapple flavours
Fluid and electrolyte loss
Adults and children Dissolve
contents in 200ml fresh drinking
water. **Infants:** Use freshly boiled
and cooled water. Follow
instructions on packet carefully
20s **£7.19**

Dioralyte effervescent tablets
White tablets containing
anhydrous glucose 3.6g, sodium
bicarbonate 300mg, potassium
bicarbonate 200mg and citric acid
1.06g plain and pineapple
flavours
10s **£2.05**

(P) denotes that a product is
Pharmacy only and can only be
supplied under the supervision
of a pharmacist

Electrolade **(P)**

Nicholas

Sachets containing 5.1g of a white
powder which dissolves to form a
clear banana-flavoured solution
of sodium chloride 236mg
potassium chloride 300mg,
sodium bicarbonate 500mg,
glucose 4g and saccharin sodium
10mg
Oral rehydration therapy of

electrolyte and fluid loss
(dehydration) due to diarrhoea
Adults: One to two sachets after
every loose motion, up to 16
sachets in 24 hours.
Children: One sachet after every
loose motion, up to 12 sachets in
24 hours
Caution: Consult leaflet enclosed
in pack for directions of
reconstitution. Do not use in
children under 2 years without
medical supervision
4s **£1.35** 20s **£6.64**

Enterosan **(P)**

Windsor

Off-white, scored tablets
containing light kaolin 700mg,
morphine hydrochloride 0.275mg
and dry extract of belladonna
1.8mg
Diarrhoea, colic and stomach
upsets
Adults: Four tablets to start then
two every three to four hours
Children 6 to 12 years: One tablet
every four hours **Children under 6
years:** Only on medical advice
The tablets can be swallowed
whole, or chewed and crushed
and taken in water. Continue
treatment for 24 hours after
symptoms subside to prevent
recurrence
24s **£1.69** 48s **£2.69**

Glucolyte **(P)**

Cupal

Powder containing sodium
chloride 200mg, potassium
chloride 300mg, sodium
bicarbonate 300mg and glucose
8g in each sachet
Diarrhoea and associated fluid
loss
Adults and children over 12 years: One
to two sachets after each loose
motion **Children aged 1 to 12 years:**
One sachet after each loose
motion
Infants: Substitute equivalent
volumes of reconstituted
solution in place of feeds
6s **£1.69** 20s **£5.63**

Imodium **(P)**

Janssen

Green and grey capsules
containing loperamide
hydrochloride 2mg
Acute diarrhoea
Adults and children over 12 years:
Two capsules to start, then one
after each loose motion, up to a
maximum of eight in 24 hours
Caution: Not recommended for
children under 12 years
8s **£2.19** 12s **£3.09**

Kao-C

Cupal

Chewable, off-white tablets,
flavoured with carminative oils
each containing light kaolin
400mg and calcium carbonate
75mg
Mild diarrhoea and "holiday
tummy"
Adults: Five tablets to be chewed
four times a day **Children aged 6-12
years:** Two tablets to be chewed
four times a day
Caution: If diarrhoea persists after
three days, consult your doctor
50s **£1.12**

Adult Kao-C

White suspension flavoured with
carminative oils containing light
kaolin 2g and calcium carbonate
1g in each 20ml
Adults and children over 14 years:
20ml three times a day
Caution: If diarrhoea persists after
three days, consult your doctor
150ml **£1.30**

Junior Kao-C

Pink suspension flavoured with
carminative oils containing light
kaolin 500mg and calcium
carbonate 250mg in each 5ml
Children aged 1 to 5 years: 5ml three
times a day **Children aged 5 to 14
years:** 10ml three times a day
Children aged over 14 years: 20ml
three times a day
Caution: If diarrhoea persists after
three days, consult your doctor
100ml **£1.12**

**Kaolin Mixture, Paediatric
BP 1980**

Light kaolin 1g, amaranth
solution 0.05ml, benzoic acid
solution 0.1ml, raspberry syrup
1ml, chloroform water 2.5ml in
5ml

**Kaolin and Morphine
Mixture BP**

Light kaolin 2g, sodium
bicarbonate 500mg, chloroform
and morphine tincture 0.4ml in
10ml

Kaopectate Suspension **(P)**

Upjohn

Off-white suspension containing
kaolin 1.03g in 5ml
Diarrhoea
Adults: 10-30ml every four hours.
Children up to 1 year: 5ml every four
hours **1 to 5 years:** 10ml every four
hours
180ml **£1.41**

KLN Suspension

Ashe

White, suspension containing
light kaolin 1.15g, fruit pectin
57.5mg, oil of peppermint 11.5mg
and sodium citrate 17.25mg in
each 5ml
Infantile diarrhoea or abnormally

loose bowel action. Minor stomach upsets
Shake the bottle well and give each dose undiluted after each bowel motion. **6 months to 1 year:** 5ml **1 to 3 years:** 10ml **3 to 10 years:** 20ml

Caution If the condition persists for more than 24 hours or if feverishness occurs, consult your doctor immediately
100ml **£1.29**

Kompo

Dr J.F. White's Kompo

Liquid containing catechu 295mg, clove oil 0.00325ml, cassia oil 0.0045ml, capsicum oleoresin 0.00095ml in 5ml 100ml **£1.34**

Prices in this section are correct at the time of going to press. For latest packs and prices, see C&D Price Service

Opazimes

Leo Laboratories

Buff tablet in foil strip, each containing dried aluminium hydroxide gel 700mg, belladonna extract 3mg, morphine hydrochloride 0.25mg
Upset stomach, diarrhoea and mild gastro-enteritis
Two tablets sucked or chewed every four hours up to eight tablets in 24 hours. **Children over 8 years:** One tablet every four hours up to a maximum of four in 24 hours
24s **£1.45**

Oral Rehydration Salts — Formula A BP

Sodium chloride 1g, sodium bicarbonate 1.5g, potassium chloride 1.5g and anhydrous glucose 36.4g (sufficient to make 1 litre of solution)

Rehidrat

Searle

Lemon and lime or orange flavoured powder in sachets containing sodium chloride 440mg, potassium chloride 380mg, sodium bicarbonate 420mg, citric acid 440mg, glucose 4.09g, sucrose 8.07g and fructose 8.07g
Diarrhoea and associated dehydration
One sachet dissolved in 250ml of water (freshly boiled and cooled for infants) **Young children:** Give solution in quantities usual for their normal feeds **Older children and adults:** Drink sufficient solution to satisfy thirst
24s **£8.78**

Ear drops

The only condition for which over the counter ear drops can be recommended is for the softening and loosening of ear wax. Even then, removal of hard wax can only be effectively achieved by syringing. However, drops for softening wax can safely be used for a few days before a syringing procedure, or as a preventative measure in patients prone to build up of hard wax.

Patients complaining of ear pain should be referred to the pharmacist. Otitis media, an inflammation of the middle ear, typically requires antibiotic treatment, and all acute or persistent ear pain should be checked by a doctor.

Audax

Napp

Drops containing choline salicylate 200mg per ml
Ear pain, itching and inflammation due to boils and furuncles
Tilt the head sideways and completely fill the canal of the affected ear. Plug with cotton wool soaked in Audax
Glass dropper bottle 8ml **£1.99**

Audinorm

Carlton

Docusate sodium 5 per cent and glycerol 10 per cent
Removal of ear wax
Dropper bottle 12ml **£0.82**

Auralgan

Wyeth

Ear drops containing benzocaine 14mg, phenazone 54mg and glycerol in each ml of clear, straw-coloured, thick liquid
Ear pain, inflammation and removal of wax
Instil into the ear and insert plug of cotton wool. **For pain and inflammation:** Repeat every one to two hours until pain is relieved. If pain persists after 24 hours consult your doctor **For wax removal:** Use three times a day for two to three days
Caution: Consult your doctor before use in pregnancy or if breastfeeding
15ml **£1.61**

Auralgicin

Fisons

Pale yellow viscous liquid containing benzocaine 1.4 per

cent, ephedrine hydrochloride 1 per cent, phenazone 5.5 per cent, chlorbutol 1 per cent, potassium hydroxyquinoline sulphate 0.1 per cent in glycerol

Acute and subacute otitis media
Pour ear drops into the affected ear until ear is filled. Wait a few minutes before placing a plug of cotton wool into the ear.

Caution: Not recommended for use in patients with perforated ear drums. Do not use if cloudy.
12.5ml **£2.21**

Auraltone

Fisons

Liquid containing benzocaine 1 per cent and phenazone 5 per cent in glycerol
15ml **£1.39**

Cerumol

Laboratories for Applied Biology

Pale amber liquid containing p-dichlorobenzene 2 per cent, chlorbutol 5 per cent, terebinth oil 10 per cent in an arachis oil base
Softening and removal of ear wax
Insert five drops into the ear, with the head inclined to one side. Place a plug of cotton wool moistened with cerumol and retain for at least one hour. Repeat twice a day for no more than three days.
Caution: Not to be used for other conditions of the ear (see pack)
Dropper bottle 11ml **£1.44**

Diocetyl Ear Drops

Medo

Clear solution containing docusate sodium 5 per cent
Softening and removal of ear wax
Insert four drops into ear and plug with cotton wool soaked in Diocetyl ear drops twice a day for two to three days
Caution: Do not use if ear drum is perforated
10ml **£1.36**

Earex

International

Ear drops containing arachis oil 33.3 per cent, almond oil 33.3 per cent and rectified camphor oil 33.3 per cent
Earwax softening and removal. Relief of earache and dull hearing
Insert four drops night and morning
10ml **£1.19**

Exterol

Dermal

Thick solution containing urea hydrogen peroxide 5 per cent, 8-hydroxyquinoline and glycerol
Removal of ear wax
Insert five to ten drops into the ear, keeping the head tilted for several minutes after, then wipe away any surplus. Repeat once or twice a day for at least three to four days
12ml **£3.60**

Molcer

Farillon

Ear drops containing dioctyl sodium sulphosuccinate 50mg per ml in solution
Relief of earache, and dull hearing due to hardened wax
Lie on side with affected ear uppermost, fill ear with solution and remain in this position for a few minutes
Dropper bottle 15ml **£1.44**

Sodium Bicarbonate Ear Drops BP

Sodium bicarbonate 5g, glycerol 30ml in water to 100ml

(P) denotes that a product is Pharmacy only and can only be supplied under the supervision of a pharmacist

Soliwax

Farillon

Ear capsules containing dioctyl sodium sulphosuccinate 5 per cent in oil
Softening ear wax
Cut off the top of a capsule, tilt the head to one side and squeeze the contents into the affected ear
10s **£1.25**

Waxsol

Norgine

Colourless liquid containing docusate sodium 0.5 per cent
Removal of ear wax
Fill the ear with Waxsol on not more than two consecutive nights before syringing
10ml **£1.48**

Waxwane

Thornton & Ross

Pale yellow, oily liquid containing turpentine oil 15 per cent, terpineol 5 per cent and chloroxylenol 0.2 per cent
Softening earwax before syringing
Caution: Do not insert a solid object into ear or use if ear drum is perforated
10ml **£0.82**

Factfile

Where do cold sores come from and is there anything a sufferer can do other than just suffer? And why is eating fish good for your heart?

Subject: Cold sores

Cold sores are caused by a virus called herpes simplex virus (HSV). They usually occur around the mouth, but may also develop on the nose, cheeks, eyes and genitals.

They begin with a tingling sensation, then comes a small raised blotch. This swells into a painful blister which collapses forming a large weeping sore. The sore dries forming a scab which normally heals within ten days.

Cold sores affect between 20 and 40 per cent of adults and children. The initial infection usually takes place during childhood from an infected adult, invariably through kissing.

The virus is transmitted by contact with the highly contagious blisters and sores. Once a person has contracted HSV, the infection tends to persist through their life, remaining dormant for months or years before causing active inflammation.

Reactivation producing new cold sores can be caused by colds, flu, tummy upsets, menstruation, stress, fatigue, physical injury, intense sunlight or simply being run down.

An individual can have between two and ten attacks per year. However, early recognition and treatment can limit the size and period of suffering.

Treatment involves relief of pain, and topical application of soothing products which also

help the sores to dry up. And products containing iodine claim to affect a cold sore's progress if used immediately the "tingling" stage is felt.

8. Sufferers should be advised to avoid physical contact with others and wash their hands often during an attack.

9. They must also be advised to consult their doctor if an eye is affected, or if the sores are recurrent and severe. The doctor may prescribe tablets or creams that act against the virus.

Subject: Fish oils and heart disease

1. Eskimos are generally very healthy, with no heart disease, arthritis or psoriasis. They eat a lot more fish than we do, and the oil from fish has been shown to promote good health.

2. Fish oil is rich in polyunsaturated fats, though they are not exactly the same as those familiar to all of us in margarine. The especially beneficial ones in fish oil are technically known as long chain omega-3 polyunsaturates, in particular eicosapentanoic acid and docosahexanoic acid (EPA and DHA).

3. EHA and DHA reduce the amount of other fats in the blood which can block blood vessels. When blockages occur in the blood



vessels of the heart itself, the reduction in supply of oxygen affects heart function (heart disease).

4. Mackerel, trout, salmon, herring, pilchard and sardine are the "oiliest" fish. They have between five and 25 times more EPA and DHA than cod, coley, plaice, haddock and other white fish. However, eating any fish once or twice a week has been shown to lower deaths from heart disease.

5. Cod liver oil capsules and liquid, for adults and children, are a familiar sight in pharmacies. The more specialised product Maxepa, once a health food, is now available on prescription as a blood fat reducing agent in certain disorders.

6. Fish oils are also a good source of vitamins A and D, which are important for general health.

7. Children may object to fish oils because of the taste, but this can be masked by mixing with fruit juice or milk.



Changing nappies

First time grandmothers get a big shock these days. "Aren't you using terries" they say, eyeing the carry packs of disposables in the nursery.

But then, hey presto! Leave them in charge for an evening and, while they might take half an hour to get the first change done, by the time you get back they are sold on the idea. Even proud grandfathers, who maintained a dignified distance with their own children, seem to find the disposable makes all the difference when it comes to getting involved at changing time.

But there are so many nappies to choose from, and new benefits are appearing all the time. 1989 has already seen the introduction of "environmentally friendly" nappies, which are produced without chlorine-based bleaches, and now different nappies for boys and girls.

It remains to be seen whether either makes much difference to mothers — the anatomical differences have a certain logic, though superabsorbent — ultra — in itself has been a major advance in keeping babies dry.

As for which is the best disposable, *Parents* magazine, with the help of seven babies aged four weeks to 18 months recently put nappies to the test.

Parents awarded their gold medal to Togs, they of the elasticated waist bands, while the silver medal, and the prize in the absorbency test, went to Pampers Ultra. The bronze went to Sainsbury's Ultras, though there was little to choose between many of the brands. Other Ultras, including Unichem and Numark varieties, performed well in the test.

In the end it comes down to individual preference — one of the mothers in the *Parents* test reckoned after trying all 15 brands in the trial, that she still preferred terries. And one mother's plea for more padding in front for boys has, of course, now been taken to heart with new Pampers.

Typically, the speed of disposable nappy development means the test is almost out of date before it is published!



First milks

Breast is best, but for mothers who choose the alternative, there is a bewildering array of brands and type of milk to choose from. And, this month, there is one more. With the launch of Farley's Junior milk, it's worth looking again at the Department of Health's guidelines on what's best for baby.

Breast feeding has been in and out of fashion over the years, but there is no doubt these days that it is the number one choice of all nutritionists.

And there's surely nothing surprising about that. As a product it has been in development for thousands of years! However, as we all know, mothers may be unable, for one reason or another, to feed their baby themselves, or may choose not to, and therefore use an "infant formula".

The Department of Health says that, in the first six months of a baby's life the choice is, first, breast milk, and second, infant formula. When the baby is six months old, cow's milk or a junior milk can be substituted, though

the Department says neither is preferred to breast milk or infant formula. Junior milk does, however, have advantages over the daily pinta in terms of vitamin D and iron content, and has a better blend mix of fat.

Health conscious parents who drink semi-skimmed or skimmed milk should be warned that such milks are not recommended for babies. Children need a balanced diet and that includes fat. Semi-skimmed milks can be introduced to two year olds and skimmed milk to 5 year olds, says the Department.

Holiday gyp

One of the theme's of this month's issue of *Over the Counter* is the treatment of diarrhoea. With this in mind, International Laboratories, makers of J. Collis Browne's, have supplied us with a few hints about avoiding the dreaded tummy upset while taking a holiday abroad. Believe it or not, stomach upsets affect up to a third of all holiday makers in some countries.

■ It is often advisable to avoid

some foods such as ice creams. Ice cubes are often the cause of minor tummy upsets. In many resorts and large cities the tap water is treated and safe to drink but, if in doubt, bottled water is preferable. Certainly in villages and rural areas only bottled water should be drunk.

■ Although up to 90 per cent of tummy upsets occur when on holiday, they are usually caused by sudden changes in water or diet and not because the water is polluted or because you are suffering from food poisoning.

■ Hopefully you won't need it, but take a pack of antidiarrhoea treatment — or you might find yourself otherwise engaged!

■ In the event of a stomach upset, drink plenty of fluid to prevent dehydration but try not to eat any food until the symptoms subside. If you can't survive without food, eat a bowl of plain rice with lemon juice squeezed over it. This fills the stomach without giving microbes too encouraging a diet.

■ Most stomach upsets can be easily treated, but if it is severe, or persists for more than four hours, particularly in young children, consult a doctor.

COUNTERTOWN

BY VERITY

Counterview is *Over the Counter's* new column written anonymously by a pharmacy assistant for pharmacy assistants. Every month, Verity will be describing the pharmacy scene as she sees it. You might like to take up some of the points she makes. Or if you disagree with her views, why not write and tell us? By the way, in case you work with a Verity and were wondering, Verity is not our assistant's real name. Or is it?

What a refreshing start to 1989 to see a new magazine especially for the pharmacy assistant. *Over the Counter* is definitely preferable to the leaflets previously flung at us by companies following a product launch or revamp. These flimsy bits of paper contained little information and their usual fate was to be either stuffed in a drawer, forever forgotten or filed in the bin. *Over the Counter* is quick to refer to and neat to store for future reference.

Something which has been virtually impossible to ignore this past month has been anything with a "green" theme. Our customers seem to have the idea that we, in a pharmacy, will have all the gen on CFC's and their like. This is not strictly true. One of our assistants confused them with CRCs! Who knows: perhaps our green and white pharmacy cross conveys this impression to the customer.

Still on a green note, this month's greatest problem has been the availability of the "environmentally friendly" nappies, Pampers and Ultra-Plus Peaudouce. For the first three weeks of the month supply was virtually non-existent in our area. In the case of Pampers we could get

Girl or Boy but not both simultaneously. Baffled mums with little daughters came frowning to the counter, clutching a pack of Boy asking if they'd be OK for "our girl". This brought gales of laughter from one of our assistants as she pointed out the Boy version has more padding at the front. One customer also asked, noticing the flash on the Pampers pack, if only pulp from Swedish trees was environmentally friendly!

I happened to read an article in *Chemist & Druggist* last week on possible dangers from paper products, like sanpro, bleached with chemicals producing dangerous dioxins. I wonder how long it will be before alterations are made to these products, a vast and necessary sector of our trade. Soon, I hope, and preferably without the distribution nightmare we experienced with the nappies.

Whatever the cause — "Greenhouse effect" or otherwise — of the mildest February for ages, we're still really busy selling cold and flu remedies. One report quoted six million visits to 12,000 pharmacies every day. If our experience is anything to go by, these visits all occur at precisely five minutes before closing time. It's also been interesting to note this Winter the power of TV advertising. Two products, Vicks Chloraseptic spray and Benylin Day & Night, have both been perceived by most of our customers to be brand new products, whereas all we pharmacy assistants know (hopefully) both have been around, in some form, for a considerable time.

May I also add, as a footnote, that with all the nice new awareness and professional training and image being focused on pharmacy assistants, I hope no-one's reading this magazine lounging over the counter, slurping a cup of coffee and munching on a chocolate bar!

Letters

Which throat remedy?

There are so many varieties of medicated throat remedies available, and I am sometimes at a loss to explain which one might be better than another, or which can be taken along with other prescribed medicines.

Is it true that Tyrozets should not be taken during pregnancy because of their antibiotic component? And which throat remedies can be used by diabetics without disrupting their sugar balance?

Heather Ross
Albany Pharmacy, Bexley, Kent

Medicated throat remedies will be featured later in the year, but as this years coughs and colds season is

still upon us, we've got some answers to these questions, Mrs Ross.

It is not really possible to say which is the best sore throat pastille or lozenge because different types have different effects. Some contain antiseptics to help fight infection, or a local anaesthetic to soothe pain and others simply increase the amount of saliva to moisten a dry throat.

People who do not want to take more medicines than they have to could try gargling with a half teaspoon of salt dissolved in warm water, or just sucking a peppermint.

Secondly, Merck Sharp & Dohme say Tyrozets can be taken during pregnancy, though as a general rule it is sensible to avoid any drug (including, of course, nicotine and alcohol) during pregnancy, unless the benefit of taking it outweighs any possible risk to the unborn child.

As for the best treatment for diabetics, sore throat lozenges and pastilles contain relatively small

amounts of sugar, so as long as they are not being taken in large quantities blood sugar control is unlikely to be affected very much. In any case, during illness there is more sugar in the blood because more stress hormones are secreted and they reduce the amount of insulin released into the blood.

Some manufacturers do produce special diabetic or "sugar-free" sore throat lozenges.

Benidorm?

I have worked in a pharmacy for nearly nine years and enjoy it very much. I am involved with the dispensary, but work mainly on the shop side and would like to tell you about a rather amusing incident that happened in our pharmacy a couple of weeks ago.

An elderly gentleman came into the shop and said "Could I have a bottle of Benidorm,

please?" So I said, smiling: "I'm sorry sir, but we don't sell holidays here."

Realising what he had said, the man then corrected himself: "I mean a bottle of Benylin".

After asking whether he took any other medication and so on, I said: "Would you like the expectorant?" In a very serious voice he said: "No love, I'm not pregnant."

The other customers in the shop at the time thought this was very amusing, and the man got his cough mixture in the end, with a smile on his face.

Mrs L. Ross

The Pharmacy, Haywarden, near Chester

If you want to pass on an amusing tale of pharmacy life, or have a tip which might help other assistants in their work, why not write to us at *Over the Counter, Chemist & Druggist*, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Smooth talk

Every woman wants to have a smooth skin, but de-fuzzing tends to be seen at the "great chore" of beauty care. Here we look at the different methods of hair removal, from wax strips to creams, and help you give tips on how to make the process simpler, less time consuming ... and less painful

De-fuzzing. Getting rid of unwanted hair. Shaving. Whichever way you put it, most women tend to think of hair removal as a chore, and, well... slightly disgusting.

But with careful presentation, women can be encouraged to browse among specialist products which can combat every problem from facial hair to thick and stubbly growth on the legs, instead of snatching up any product because they think buying a depilatory is embarrassing.

In fact, hair removal is a natural part of the body pampering routine as it most often takes place at bathtime, before applying moisturisers and body lotions.

Finding a suitable treatment is really a matter of trial and error; but whichever method of hair removal chosen, it is important to put on a bathrobe which can't be spoiled by any of the treatments, and to find a place where the whole thing can be done without fear of disturbance, as some methods of hair removal take a little time.

Depilatories

Products available

Depilatories are chemical hair removers, and they come in three different types — cream, lotion, and mousse. It is arguable that they give a softer and smoother finish than shaving, and they usually last longer.

Getting the best from the products

You can get special depilatories for the face and the bikini line, but some products claim to cover most areas of the body. Whichever brand you use it is important to follow manufacturers' instructions closely. These are usually along the following lines:

- Test a patch of skin 24 hours before applying the depilatory to make sure there is no strong skin reaction to the product.
- Clean the skin with warm water but don't use any potentially irritating substances, like soap.
- Lotions are applied with the hands, mousses are sprayed on and creams are applied with a spatula. With lotions and mousses make sure that the legs are "wet enough" and thoroughly coated. With creams, use the spatula to spread the product evenly to the depth of about one eighth of an inch, avoiding any moles or skin abrasions.
- Some hairs may take longer to react to the treatments than others, but if a manufacturer recommends a maximum time for treatment



Wax treatments last for three to six weeks and regrowth is generally finer

(Photo: COURTESY OF WHITEHALL LABORATORIES)

always observe it. Otherwise there is a risk that the skin could become sore and red, and some areas such as the bikini line are particularly vulnerable.

- Try the mixture by rubbing first against the lie of the hair, and then with it, until it comes away smoothly and easily. It is effective to wipe off the first application with a damp cloth, and then target the thicker hairs with small blobs of the mixture which can be left on for an extra few minutes.
- Rinse off any remaining traces, again without soap.
- Afterwards, do not put on tight or restricted clothing around the upper legs, especially if you have been treating the bikini line area.

Shaving

Products available

Shaving can either be done with a traditional wet shaver or with an electric razor. Shaving is effective and less messy than most cream or mousse formulations, but the hair does tend to grow back quickly (within one to four days).

Getting the best from the products

- Ladies shavers are designed to perform well under arms and around knees. Mens' disposable razors can work very well too, but because they are very sharp it is easy to nick yourself badly with them. It is also easy to miss out certain areas, such as hair at the base of the ankles, on the big toe, around the knee area, and on the backs of the thighs. Underarms are also difficult to shave and particular care should be taken in these areas whatever method of hair removal you are using.
- When using an electric razor it is best to apply a pre-shave lotion or talcum powder first to dry the skin thoroughly and to make the surface smoother. This makes the job much easier and also gives a closer shave.
- For wet shaving, soap the skin with warm water or apply a specialist pre-shaving product to soften the skin.

Waxing

Products available

Wax treatments last a long time (3-6 weeks) and involve the application of either wax or wax strips to different parts of the body. The hair is pulled out at the root, and usually there is no dark shadow after waxing, and finer regrowth.

People are often put off waxing by the thought of applying something hot to their legs and ripping it off! In fact, there are both cold and hot applications for home use, and the "hot" applications are quite painless. Some hot waxes come in sachets which are then heated in warm water. Some hot waxes are electrically heated. In either case, the wax is usually spread onto the skin and then taken off with fabric strips.

Cold wax strips have to be cut down to suit, whereas others come ready perforated. The waxed sheets are usually fixed in the direction of the hair growth, and stripped back holding the skin taut with a free hand.

Getting the best from the products

- Again, it is best to follow manufacturers' instructions; most are along the following lines:
- The skin should be dry and free from creams, oils and perspiration. If a cold wax is being applied, it may appear tacky. If this is the

(Right) Shaving is less messy than creams, but hair does tend to grow back quickly



case, store it in the refrigerator for half an hour before use or it won't "take" to the hair properly.

- Avoid using waxes where the skin is cut, chapped, sunburned, or loose. It is also best to avoid weak scars, varicose veins, eczema, warts and moles. Diabetic and elderly people should avoid cold waxes, and it is best for women to avoid waxing during a period, as the skin can be very sensitive. Waxes should not be used immediately after a bath because the pores will be open and any treatment may sting a little.

- Avoid shaving between treatments as it may encourage coarse regrowth, with the hair lying in different directions, and may make rewaxing harder.

- It is very important that the strips should be removed **quickly** otherwise the process could be uncomfortable.

Different areas of the body require different treatments, and it is best to perfect the waxing technique before using any form of strip wax on more sensitive areas like the arms, underarms, face and bikini line.

Arms: Strips should be placed across the width of the arm, following the direction of hair growth, and the sheet should be quickly stripped back towards the body.

Underarms: It is difficult to keep the pattern of strips smooth in this area because the hair doesn't grow in one direction. The skin can be kept taut by lifting the elbow and placing the hand behind the head. If the skin is particularly sensitive, avoid using deodorants for 24 hours as they can cause discomfort. Witch hazel can be used as a temporary anti perspirant.

Bikini line: Check the direction of hair growth which is usually inwards. Bend the leg outwards and smooth the strip firmly onto the inside of the thigh. Hold the skin taut and quickly strip back the sheet. Any remaining hair should be removed with tweezers and a barrier cream applied. Blood spots may develop when you are waxing in the bikini or underarm area. These will go away on their own and occur because the hair is very deep rooted.

Face: Check the direction of the hair growth, smooth a small section of the wax sheet onto the skin, and in one fast action strip back the sheet. Don't get near the eyes and don't try to remove hair from the eyebrows with waxes.

After waxes: Apply a specialist soother lotion. Avoid swimming and wearing body make up for 24 hours. With leg waxes, tights, jeans, and stockings should be discarded for a while, and tight underwear should be avoided after a bikini wax.

Bleaching

This technique is effective for up to four weeks and minimises the appearance of hair.

- A patch test is advisable.
- Bleach must be applied very carefully, according to manufacturers instructions, taking care to avoid contact with the skin wherever possible.
- Bleaching is not as effective on very dark hair.

Tweezing

Tweezing (or pulling out hair with tweezers) is fine for isolated strands of hair but is not suitable for patches of growth.

- When the hair is pulled out it can split at the root, leaving two hairs in place of one.
- Moles are best left alone completely. People who wish to remove unsightly hair from moles should always seek their doctor's advice.



Creams and mousses arguably give a softer and smoother finish than shaving, and the treatment usually lasts longer

So you think it's bad now...

- In ancient Egypt it was actually considered beautiful for both men and women to be completely hairless. They used razors and depilatories, and pumice has been found in some tombs, which suggests that they tried to rub their hair away. No modern day lass should have to go at this as the skin could get very sore and might even grow back in different directions.

- In the seventeenth century, young ladies tried hard to get rid of ugly, straggly eyebrows with a mixture of ivy gum, emmets eggs, burnt leeches, a concoction called pincet cosphonie. All this was mixed with the blood of a frog...ugh!

- Even worse than this one was an eighteenth century poultice of powdered cat

dung mixed with vinegar. In this case, it's difficult to believe that the hair could be worse than the smell...

- And imagine spreading gum resin and pitch onto a piece of leather, applying it to the skin and then quickly removing it after three minutes! This was the treatment recommended by Lola Montez in her 1858 beauty book.

- In 1912, American dermatologists began using a chemical depilatory called thallium acetate. Many patients developed reactions such as complete hair loss of the scalp, severe pains in the legs, feet and abdomen, temporary blindness and even multiple neuritis. (Courtesy Linda Zeff, *The Beauty Treatment Handbook*. Piaktus Books)

Louis Marcel

EVER A HAIR OUT OF PLACE

The Louis Marcel range offers a complete selection of treatments for unwanted hair.

¶ The brand leader in Strip Wax, Louis Marcel's salon style treatment is quick and easy to use, giving long-lasting results for legs, underarms and bikini line.

¶ For the sensitive facial area Louis Marcel has three safe, effective ways of coping with unwanted hair.

Facial Strip Wax — in a special and easy to use size
Facial Hair Remover Cream — fragrance free and easy to apply

Facial and Body Hair Lightener Kit — containing everything you need to take the colour out of darkest hair.



¶ Louis Marcel's gentle creams and lotions quickly dissolve unwanted hair

Hair Remover Cream — softly fragranced and with added moisturisers to care for skin

Roll-on Hair Remover Lotion — easy to use with a wide, roller head applicator

Bikini Smooth — a fragrance-free hair remover with special Skin Soothing Balm for this sensitive area

¶ Louis Marcel Smooth Shave — the easy way to silky smooth legs, underarms and bikini line without cuts or irritation.

The past month in review

Babycare

Posh gold rompers

Premium-priced Benjywear overalls and rompers now come in "baggier" styles with the "Touch of Gold" label. New labels too for all-in-one terry Wrigglers in a variety of sizes.

Dunbee. Tel: 0256 64902

Touch of Gold **£4.99** Wiggler **£3.99-£5.99**

La Nouvelle sailor

Sailor outfits for young children include dresses, romper suits and dungarees and come in machine-washable fabrics and a variety of styles and materials.

Joytime Continentals. Tel: 01-278 4433

See Price List for prices and sizes.



Griptight rattle on ...

A new nursery rattle soother from Lewis Woolf Griptight meets British Standard 6239 and has an oval-shaped contoured shield with four ventilation holes and an ultrasonically welded rattle chamber in a variety of colours. Nursery bibs now come in four new colours.

... Designer bottles too

The company also aims to keep its tiny customers interested with the first in a range of designer feeding bottles. It features a duck motif in three colours, with yellow trim. Other motifs and colours to come. Lewis Woolf Griptight Ltd. Tel: 021 414 1122

Rattle Soother **£0.66** Bibs 10s **£1.35** Bottles 125ml **£1.49** Wipes **£0.69**

Prices in this section are correct at time of going to Press. For latest packs and prices see C&D price service.



'Come in', Farley Junior

Farley are adding a junior milk to their baby milk range which is being relaunched this month. Designed for babies over six months who are no longer being fed breast milk or infant formula, junior milk contains a higher proportion of unsaturated fats, more iron and vitamin D and less salt than cow's milk. Ostermilk replaces Osterfeed — for babies from birth onwards — and Ostermilk Two is recommended for hungry babies and is the same as the previous complete formula.

Crookes Healthcare. Tel: 0602 507431

All milks 450g **£2.25**; 900g **£4.35**

Bowls and bibs for Jackel

A feeding bowl with a tightly sealable travel lid, easy-grip handle and more sleeved and sleeveless nursery rhyme bibs are the latest addition to the Tommee Tippee feeding range. And for when lunch is over, new play items include a garden/beach play set, bathtime inflatable, rattles, finger ball, and vinyl teddies and animals.

Jackel International. Tel: 091 250 1864

Bowl **£1.99** Bibs with sleeves **£1.99** and without **£0.99**. Other prices see Price List.

Beauty/Haircare

Active Roc

Roc relaunch their sun care range as Active Sun Protection extending to 13 product types in four protection categories. Some variants are water-resistant and all contain vitamin E and are hypo-allergenic and unperfumed.

Roc Laboratories. Tel: 0273 517723

Prices and variants see Price List.

Spring in the Woods

Woods of Windsor have a new range of Spring gifts comprising pomanders, candles, soap leaves, soaps, bath pearls, toiletries, drawer liners and fragrances in a variety of packaging.

Woods of Windsor. Tel: 0753 855777

Prices and variants see Price List

New Harmony for Elida Gibbs

Elida Gibbs are introducing a new variant system into their Harmony range, reformulated as "ozone friendly" with brightly repackaged cans. Four variants — chic for flyaway hair, natural for invisible hold, wild for extra firm hold and active for firm holds — are backed with a new "hold on to it" commercial.

Elida Gibbs. Tel: 01-486 1200

Suntana specials

Bray Health & Leisure are introducing a range of Suntana products and accessories for use with sun lamps and beds. There are two lotion variants, an after tan milk moisturiser, goggles, tanning blankets and various kits.

Bray Health & Leisure. Tel: 0376 20736.

For prices see Price List.

Coka Karmel colour cosmetics

Designed for black women or tanned Europeans who prefer vibrant colours, the range comprises eight shades of water-based foundation and face powder, 12 shades of lipstick and matching nail varnishes, blushers, eye shadow quartets, mascaras and kohl pencils. Coka Karmel was founded by Rona Stephens, nominated for Black Businesswoman of the year.

Coka Karmel Cosmetics. Tel: 01-436 9936

For prices and variants see Price List.

Real foods — real soap

A range of pure, vegetable-based soaps and shampoos in the Melvitafor range has arrived in the UK from Provence, France.

Real Foods Trading. Tel: 031 544 4321

100g **£0.79**



Australian fragrances galore

Austin Morgan are introducing six ranges of toiletries, fabric accessories, home fresheners and stationery, each based around different fragrances — tea rose, peach, lavender, white flowers, sandalwood and the new flowery millefleurs. Gift-with-purchase, a variety of POS and pine display pieces back the launch along with Press advertising from May. Browns of Melbourne ranges will be manufactured under licence in the UK.

Austin Morgan. Tel: 0787 54444

For prices see Price List.

Revlon's Mystical Garden

New lip and nail colours are added to the Charlie collection under the Mystical Garden tag for the Spring. Revlon. Tel: 01-629 7400
Lipcolours **£1.90** nail gleamers **£1.75**

Almay add two

Interactives facial cleanser and calming eye gel are the extensions to this two year old range. Almay. Tel: 0753 23971
Facial bar 75g **£6.95** eye gel **£9.95**.

Instant curls

O'Real add instant curl reviver to their Energance range and build in more television support. O'Real. Tel: 01-937 5454.



Gliss from Corimist

Schwarzkopf are launching the Gliss Corimist range of "hair repair" products, with variants for normal hair as well as those especially aimed at dry hair or hair that has become porous or damaged. There are special treatments such as intensive conditioner, multi-function restructurant and shine tonic to set alongside a three-strong range of both shampoos and conditioners. Styling products include a variety of sprays and mousses. Comprehensive support comes in a £3.5m package which includes POS, window display kits and merchandisers as well as 12 months exposure in Press advertisements. Schwarzkopf. Tel: 0296 88101.
For prices and variants see Price List.

For Men

Cussons add skincare

Cussons are adding three skincare variants to their For Men range which is to have a new, light fragrance. A dry skin lotion, concentrated shave gel and

soothing aftershave lotion all have conditioning ingredients, and are aimed at men who like using a wide range of toiletries. Cussons. Tel: 061 792 6111
Dry skin lotion, shave gel **£1.39**
Soothing after shave **£2.25**.



Electricals

Nine from Philips

Philips introduce nine new styling appliances for the Spring, including two hairdryers, a hot air brush, two crimpers and four tongs and brushes. Philips. Tel: 01-689 2166
For prices and models see Price List.

Greenline batteries

Philips are also launching mercury free zinc carbon batteries in three sizes R20G, R14G and R6G. Philips Lighting. Tel: 01-689 2166.
Prices see Price List

Panasonic go green

A March launch is planned for these mercury-free batteries in R20, R14 and R6 variants already available in Germany and Scandinavia. Panasonic. Tel: 0753 73181.
Prices to be announced.

Healthfood/Vitamins

Complan set for relaunch

A £2m support package is to back the relaunch of Complan to include a new mushroom variant, redesigned packs and national television advertising. A press campaign will follow in April aimed at widening the product's appeal, complementing the TV programme which is pitched at those with no time to prepare a meal. Crookes Healthcare. Tel: 0602 507431.
Four sachets **£1.59**, 450g **£2.45**.



Vitamin C for kids

Ernest Jackson have added a range of children's vitamin C pastilles in blackcurrant and orange flavours with a dose of one a day giving 30mg. Ernest Jackson. Tel: 03632 2251.

Blackcurrant for Haliborange

A new flavour for the Haliborange range comes with the addition of blackcurrant, with launch support via trial packs and advertising on TV-am until the end of March. Both variants now come in a new size — blister packed 30s, as well as 60 and 120 tablets packs. Reckitt & Colman. Tel: 0482 26151.
Trial 5s **£0.19**; 30s **£0.99**.



Unichem's own..

Own label multivitamins and mineral capsules and sparkling vitamin C tablets are added to the Unichem medicine range this month backed by a launch discount. Unichem. Tel: 01-391 2323.



Horlicks gets 'spacier' packs

Low fat instant Horlicks has been repackaged in Cekacans that are lighter than the current glass jars as well as giving 25 per cent more space on the shelf and keeping the product airtight and fresh for up to 12 months. The packs are colour coded for each of the three flavours and contain measuring scoops and full nutritional information inside the lid. There is a £1m TV campaign in support. Beecham Bovril Brands. Tel: 01-560 5151.
500g **£1.80**.

Big orange from Theravit

An orange-flavoured chewable vitamin C (75mg) containing no artificial flavourings or preservatives in a lookalike orange pack is backed by a national advertising campaign. Chemist Brokers. Tel: 0705 219900.
50s **£1.69**

Extra Sweetex

A 35g size jar of Sweetex granulated with Natriblend has been added to the range with a consumer video offer in support. Crookes Healthcare. Tel: 0602 507431. 35g **£0.79**.

Now a national Bodyplan

Reckitt & Colman are going national with their Bodyplan diet meal made from low fat yoghurt powder, corn and wheat bran, vitamins and minerals. In three flavours — raspberry, peach and lemon — each sachet contains 100 calories. POS, consumer leaflets, samples and £1m Press advertising campaign will back the launch. Reckitt & Colman. Tel: 0482 26151. Starter packs **£2.89**, Standard **£4.99**

Slippery Elm repack

Thompson's Slippery Elm food has been repackaged to give the 80-year-old product a more modern look. De Witt International. Tel: 01-441 9310. Prices as before.

Strata vitamins

New from Reevecrest, Strata vitamins come in two tablets forms designed to be taken together, but formulated separately to "prevent interaction". Reevecrest Healthcare. Tel: 0252 726543. 28s **£4.95**.

Danish Multiscan

Twelve vitamins and twelve minerals are contained in each Multiscan tablet from Denmark. UK Pharm. Tel: 0249 73741. 30s **£2.99**.

Pill protection formula

Aimed at women who are on the Pill, Booker's Pill protection formula contains vitamins B, B12 and B2, vitamin C, folic acid, manganese and zinc and is a range extension of Ladycare. Booker. Tel: 093 23 54211. 30s **£2.85**.



Efamol still on-shelf

Following our item a couple of month's ago that Scotia Pharmaceuticals Epogam evening primrose oil is now prescribable for atopic eczema, Britannia Health Products have asked us to point out that the Efamol evening primrose oil range is still available for general sale and can be displayed on the counter alongside vitamins and dietary supplements. Britannia Health. Tel: 0737 773116.

Household

Dixel 'in the pink'

Pink Panther two-ply facial tissues from Dixel tie in with the 25th anniversary of the cartoon character. Ready-made advertising support comes from the cartoon series. British Tissues. Tel: 01-864 5411. 125s **£0.85**.

Oral Hygiene



Oral B fluoride floss

A dental floss from Oral B is said to contain an average of 0.15mg of fluoride in each 18in length. This extra strength waxed floss carries 20p off next purchase coupons, which are also redeemable against other Oral B interdental products such as Supfloss, Plaque Check or Woodsticks. Oral B. Tel: 0296 432601. 50ml **£1.19**.



Junior Elgydium

Eylure are adding junior toothbrushes to their Elgydium range backed by discount launch parcels. Each brush has multi-coloured, rounded bristles and comes with travel cap. Eylure. Tel: 0633 838611. One size **£0.99**.

OTC Medicines

New formula for Do-Do

Do-Do tablets have been reformulated with extra theophylline (100mg) as well as ephedrine hydrochloride (18.31mg) and caffeine (30mg). There is no change of dose and packs contain a leaflet explaining the change. Ciba Consumer. Tel: 0403 50101.

Economise on Tums

Setlers Tums are now available in a 150-tablet economy jar with range support coming from an £800,000 television campaign. Beecham Health Care. Tel: 01-560 5151. 150s **£2.59**.

Photographic

New 135 film from Unichem

Unichem have added a 135 36-exposure film to their own label range. Unichem. Tel: 01-391 2323.

Kodak Spring double

Kodak have added a new compact 35mm camera and a 110 to their range. The S500AF is microprocessor controlled while the 110 is a point and shoot camera with built-in flash. Kodak. Tel: 0442 61122. S500AF **£99.95**, New York 110 **£19.95**.

Prices in this section are correct at time of going to Press. For latest packs and prices see C&D price service.

Personal Hygiene

Immac's Special Touch

A new premium depilatory chemical hair remover, Immac Special Touch contains moisturisers and extracts of aloe vera, and comes with television and Press support for the range. Whitehall Laboratories. Tel: 01-636 8080. Sizes 50ml **£1.84**, 100ml **£2.79**.

Klorane depilatories

Three hypoallergenic depilatories from Klorane comprise cream, hair regrowth moderator and soothing emulsion after hair removal, packed in white and printed with deep blue bands on tube and carton. Eylure. Tel: 063 38 38611. Cream 125ml **£2.95**, regrowth moderator 40ml **£2.95**, emulsion 50ml **£2.95**.

Impulse are ozone friendly

All eight variants in the Impulse range have been formulated to become "ozone friendly", with all cans carrying the message. Elida Gibbs. Tel: 01-486 1200.

Skincare

Two make 2nd Debut

The 2nd Debut skincare range is being extended with a moisturising day lotion said to contain UVA and UVB filters, and a moisturising night cream. The range logo, packaging and formulation have also been modified. Beecham Toiletries. Tel: 01-560 5151. Day lotion 100ml **£5.99**, night cream 40ml **£6.49**.

Aapri extension

Gentle cleansing lotion and gentle skin freshener are added to the Aapri skincare range which receives a £2m support package including television advertising. Gillette. Tel: 01-560 1234. Both 200ml **£1.79**





Sundries

Temperature Spot Check

annan launch a re-usable thermometer comprising crystal dots in a flexible plastic strip which change colour with temperature. Spot Check is said to be accurate to within 0.2°F.
annan Thermometers. Tel: 046 810413.
3s £1.40.

First aid from Elastoplast

Smith & Nephew have added the first aid pack and a Red Cross kit to their range, while improving the domestic and travel kits.
Smith & Nephew. Tel: 021 327 150.
First aid pack £2.79, Red Cross kit £2.99.

Shower from Badedas

Beecham are adding two fragrances to their Badedas range — shower gels — vitafresh with menthol and vitacreme with jojoba — both colour-coded in easy-to-open packs which now include the original variant. TV support is backed by sampling and POS.
Beecham Toiletries. Tel: 01-560 151.
All 200ml £1.29.

Pharmacy gets Ladybirds

Ladybird Books plan to launch a comprehensive range of children's stationery through pharmacy from June.
Ladybird Books. Tel: 0509 268021.
For prices see Price List.

Huggie's electric

A wax oil-filled resin and rubber bottle that is electrically heated and thermostatically controlled for the elderly, rheumatics or the incontinent.
Vint Industries. Tel: 0873 811775.
Singles £22.



Reading glasses manufacturers shape up

The law is relaxed on April 1 to allow the sale of self-selection reading glasses over the counter without prescription. And already, four manufacturers are outlining their ranges for pharmacy sale.

Magnavision will offer eight different frame styles in ten magnifications. Customers make their choice by following a simple eye test on charts at point of sale. (£12.95).

Henry Cooper will endorse Grett-Optik Easi-readers from Sweden. Press advertising support is also planned for these self-selection reading glasses in six styles and six strengths with silicone-coated acrylic lenses (£14.95).

Marby Lloyd's self-selection reading glasses for sale from April 1 come in ten styles in acetate or metal frames and in four powers — all have hard coated acrylic lenses (from £4.95 to £9.95). There are two trade packs.

Foster Grant from Jay Group have four models available for self-selection. Various stands are available. (£12.99).

Magnavision. Tel: 0782 577055.

Grett-Optik. Tel: 0392 70999.

Marby Lloyd. Tel: 0272 650262.

Jay Group. Tel: 01-346 0444.

Chefaro Confirm repack

Pregnancy test Confirm has been repackaged and now uses sol particle immunoassay technology.
Chefaro. Tel: 0223 420956.
Double test £6.75.

Nails by Sculpture Quik

Elegant Touch launch Sculpture Quik nail tips that combine with the natural nail when activated by dipping in warm water. Kits contain 24 tips, sizing disc, glue, and applicators.
Original Additions. Tel: 01-573 9907.
Complete kit £4.95.

New promotions for March

■ A five week television campaign for Plax dental rinse begins; the first burst in a £2.5m TV spend in 1989

■ March sees the start of a Beecham TV campaign for Aquafresh toothpaste

■ Old Spice have a number of product offers running for the

next two months. The 150ml lotion will sell at 50p off rsp at £3.95, while the 250ml shampoo, at £1.25, will be 30p off rsp. Similar savings are available on deodorant sticks and splash on

■ Leichner are offering their jumbo sized Sunplay Cream at £1.95, a saving of £1.65 on the rsp

■ A women's Press campaign for maximum strength Anadin capsules runs for seven weeks from the beginning of March

■ Pranavite Slim and Intrim are offering consumers £20 travel vouchers in an in-pack promotion. Over £1m-worth of vouchers are on offer. Consumers can collect up to £250-worth, to be spent at the rate of £10 for each £100-worth of holiday

■ Wilkinson Sword are this month adding a Profile Extra blade to a pack of five standard blades and two in a pack of ten standard blades

■ L'Oreal's recently launched Energance gets a boost with a TV campaign this month. The product, for permed hair, will be featured in commercials across most of the country

New in the dispensary

■ The anti-ulcer drug cimetidine and alginic acid have been combined in a chewable tablet for the treatment of heartburn. Algitec is from Smith, Kline & French

■ The active ingredient in Ciba-Geigy's Prescal is isradipine, which reduces blood pressure by widening small blood vessels

Questions & Answers

The National Pharmaceutical Association's syndicated "Ask your pharmacist" column appears in dozens of local newspapers and freesheets on a regular basis. Each month, *Over the Counter* features the coming month's questions and answers.

Meningitis seems to be more common than it used to be. How will I know if my children might be developing it?

There are several forms of meningitis, the most common being viral meningitis, caused by a virus, and the more serious meningococcal meningitis, caused by bacteria. The onset of meningitis is often sudden, with no warning symptoms. An intense headache is accompanied by nausea and vomiting. The temperature rises, and the sufferer is unable to bear light. The muscles in the neck stiffen, and a spotty rash usually develops. In a baby, it is often difficult to diagnose meningitis. The first symptoms are usually convulsions and vomiting. Between attacks, the baby might be difficult to wake, cry with a high-pitched moaning sound when picked up, and refuse to feed. The top of his head might look swollen. If you suspect that your child might have meningitis, call your doctor at once. Complete recovery from meningococcal meningitis often depends on the speed of diagnosis and treatment.

My father suffers from a bad back. Is there anything he can do to ease the pain?

Your father should take some simple steps to reduce the strain on his back. He should make sure that the chairs he uses — including the seats in his car — provide adequate support. If he wants to lift anything from the floor, he should bend from the knees, keeping the back straight. Back pain is often worse in the morning, and then a hot bath and an anti-inflammatory painkiller will help to reduce the pain. Your father's pharmacist will be able to suggest a suitable one.

I am concerned by all the recent talk of a rise in food poisoning cases. Are there any precautions I can take to protect my family?

Yes. You can be meticulous about hygiene in your kitchen. Always wash uncooked food and keep it in the fridge, separated from cooked foods. Thaw frozen food in a cool room, and keep the liquids away from other foods and surfaces. Use tongs to handle raw meat and use up the leftovers quickly. Take particular care when you are preparing food for the old and the young, make sure that eggs and meat are thoroughly cooked. If you do suffer from a bout of sickness and diarrhoea, the best advice is to rest, eat as little as possible and drink a lot. See your doctor if your symptoms persist.

NPA courses for assistants

Success in selling.

Covers good customer service, preparing to sell, achieving a sale, improving customer satisfaction. Mainly for sales assistants new to retailing or pharmacy or who have had no formal training in selling skills; also useful for more experienced assistants to consolidate knowledge.

Time: 9.45am-4.30pm

Cost: £28.75 (includes £3.75 reclaimable VAT). Include coffee, lunch and tea.

Basic principles of merchandising.

Covers how effective merchandising increases sales,

the pharmacy image, what tempts customers to buy, layout and customer flow, presenting the products, sales promotion. Designed for sales assistants responsible for handling and replenishing fixture stock. (Not a window display course).

Time: 9.45am-4.30pm.

Cost: £28.75 (includes £3.75 reclaimable VAT). Includes coffee, lunch and tea.

Surgical hosiery.

Covers the casue of varicose veins, treatments, prescribe hosiery as well as demonstration and practice of measurement and fitting. Suitable for staff who have surgical hosiery, pre-registration pharmacist and as a useful refresher for pharmacist.

Time: 10am-4.30pm.

My neighbour's daughter has measles. How soon will I know if my daughter has caught it from her?

The disease is very contagious, so if your daughter has not been vaccinated she has probably been infected. The incubation period is 10 to 14 days. If your daughter then becomes feverish, develops a cough and later a rash, you will know she has the illness.

What should I keep in my family medicine chest?

You should include a bottle of painkillers and some children's pain reliever (not aspirin), some plasters, sterile cotton wool, antiseptic liquid and cream, sting rellief cream and perhaps some throat lozenges. Keep your medicines out of the reach of children and check your cabinet regularly. Return to your pharmacy out of date medicines or prescription medicines which you have finished taking. Do not keep them in case you fall ill again. Your doctor will prescribe more if you need them.

The label on my medicine bottle says: "Take before food". Does this mean immediately before I eat?

No. You should take the medicine at least half an hour before you eat your meal. There are different reasons for different medicines, but generally it is because the medicine may be damaged by the acid present in the stomach when you eat. So, in order to work effectively, it needs to be absorbed from an empty stomach. The label should, these days, tell you how long before food to take your medicine. But if you are in any doubt, ask your pharmacist for advice.

Our neighbour has a rather strange child who won't talk to us. We were told she was autistic. What does that mean?

Autism is a psychological disorder and sufferers have great difficulty communicating with other people. They do not respond to affection and cannot form close relationships with their relatives. The parents need patience and understanding, as well as special teaching to try and improve the condition.

Is there anything I can buy which will help me give up smoking?

There are chewing gums, lozenges, capsules and tablets available from your pharmacist. Some of these contain tobacco extract and one, available only from your doctor on private prescription, has nicotine, which will satisfy your cravings if chewed correctly. Others aim to reduce the cravings or to produce an unpleasant taste when a cigarette is smoked. None of these products will work miracles, but they may certainly help if your willpower begins to waver.

I have just collected my tablets from the pharmacy, and find the child-resistant cap on the bottle difficult to open. What can I do?

Pharmacists are now obliged to put child-resistant tops on bottles of tablets and capsules, in a bid to reduce child poisoning. If you find them difficult to manage, ask your pharmacist to show you how to open the bottle — it is easier once you have learnt the knack. If you suffer from arthritis or stiffness in your fingers, then the pharmacist will gladly supply an ordinary screw cap, but may ask you to sign or initial a form requesting the change. Do remember always to keep your medicines well out of the reach of children, especially if your bottles have been fitted with screw caps.

Cost: £51.75 (includes £6.75 reclaimable VAT). Includes coffee, lunch and tea.

Babycare.

Covers the mother-to-be and her pregnancy, principles of skin care for mother and baby, common baby ailments, nutrition and child development. An essential course for assistants involved in the baby care section.

Time: 9.30am-4.30pm.

Cost: £28.75 (includes £3.75 reclaimable VAT). Includes coffee, lunch and tea.

Photography (half day course).

Covers types and sizes of film, cameras, developing and printing and faults in pictures.

Time: 9.30am-12.30pm or 2pm-5pm.

Cost: £25.30 (includes £3.30 reclaimable VAT).

Display in the Pharmacy

Will show how to construct eye-catching window and interior displays to encourage customers into the pharmacy and to buy. Covers philosophy of display, basic display design and making display aids.

Time: 9.30am-4.30pm

Cost: £80.50 (including £10.50 reclaimable VAT). Includes coffee, buffet lunch and tea.

Details and booking forms for all courses are available from the training department of the National Pharmaceutical Association, Mallinson House, 40 St Peter's Street, St Albans, Herts. Tel: 0727 321161.

I have just treated my family for head lice. Is there any risk they will come back?

The treatment you have given your family will have killed all the lice currently on the hair but it will give very little, if any, protection against further infections. You will still need to check your hair — adults as well as children — every time you wash it. Thorough combing morning and evening will help prevent the lice coming back.

My son works out of doors and gets chilblains on his feet nearly every Winter. Is there anything he can do to prevent them?

Your son should wear several layers of warm clothing in the Winter. Thermal socks and underwear will help, as will lined, waterproof boots. He should also make sure he has a well balanced diet. Your son's job probably means that he will continue to get chilblains during cold, damp weather. When this happens, your pharmacist will be able to suggest a cream which, if applied regularly, should solve the problem.

My hair is gradually thinning and, although I am still in my 20s, I think I shall be bald in a few years. Is there anything I can do?

Thinning hair in men is a common problem, and may begin in the teens. It tends to run in families, and is usually caused by changes in the body's hormonal balance. Herbal remedies have been available for centuries, although their effectiveness has not been scientifically proved. Any benefit obtained is probably due as much to scalp massage, recommended as part of the treatment, as to the remedies themselves. A new medicated scalp lotion, available from your doctor on private prescription, has produced new hair growth in some men. Your pharmacist will be able to supply further details.

Are children of parents who smoke likely to suffer more illness than those from non-smoking households?

Yes, children of smoking parents do suffer more frequent and severe respiratory illness, and they are more likely to be absent from school. Where both parents smoke, the children could be breathing in tar and carbon monoxide equivalent to smoking 80 cigarettes a year. This exposure in childhood could also contribute to the development of respiratory disease in adulthood.

I am expecting my second baby and am starting to get varicose veins. My doctor has prescribed support tights for me, but the pharmacist tells me they are not available on prescription. Who's right?

Tights are not allowed on National Health prescription, and the pharmacist would not receive any payment for them if he dispensed them for you. Support stockings are allowed, however, and your doctor must specify these if you are to receive them on the NHS. The Government decides what is and what is not allowed on prescription, and the doctor and pharmacist must prescribe and dispense accordingly.

My friend has developed heartburn. What can she do?

She could try eating smaller meals and avoiding very hot food and drinks; citrus fruits and juices; and fats and chocolates. She should also avoid lying down for two hours after she has eaten. At night, it might be helpful to raise the head of the bed 20cm or so, so that her head and chest are higher than her stomach. Her pharmacist will be able to suggest an indigestion preparation which might relieve her symptoms. If it doesn't get better, she should see her doctor.

My family is going skiing next month. What should we take with us to protect us from the sun?

Each member of the family should have a pair of good quality sunglasses and a plentiful supply of high factor sun tan creams. The combination of bright sunlight and cold, drying, mountain air can cause sunburn very quickly. You should also wear a hat, and turn up the collar of your ski jacket so that the back of your neck is well covered. It is easy to forget to protect this vulnerable area.

? Can you suggest a new question for the National Pharmaceutical Association to answer in its provisional Press series? If you have a poser, perhaps one that your pharmacist routinely faces, and the NPA chooses to answer it through the media, C&D will pay you £25. Questions please, to the Editor, marked "NPA Q&A", *Over the Counter*, Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Vantage courses for assistants

Retail Seminar No 1
Covers customer behaviour, service, helping customers to buy, handling awkward customers, merchandising, an introduction to window selling and security.
Time: 7pm-10.20pm
Cost: 1-2 people £15 each, 3-9 people £12.50 each, 10 or more £10 each. Special arrangements for 15 or more (members only).
Retail Seminar No 2
Covers in more detail the psychology of selling, including "first impressions" and "body language".
Time and cost as for Seminar No 1
Further details from Ken Howells, Vantage, West Lane, Runcorn, Cheshire WA7 2PE. Tel: 0928 717070

Numark courses for assistants

Vitamins and infestation
Co-sponsored by Fisons. Covers vitamins and head lice, and includes merchandising advice.
Cost: Free
Infant nutrition
Co-sponsored by Crookes Healthcare.
Cost: Free

Diagnostic testing
Co-sponsored by Unipath. Covers pregnancy and ovulation testing and the merchandising of the products.
Cost: Free
Further information on these courses from Michael Callus of Numark wholesalers E.H. Butler & Son Ltd, 47 Morris Road, Leicester LE2 6BS. Tel: 0533 702881.

The following courses are for pharmacy assistants				
March				
7	Birmingham	Success in Selling		NPA
8	Birmingham	Basic Principles of Merchandising		NPA
14	London	Surgical Hosiery		NPA
15	Leicester	Vitamins and Infestation	Numark/Fisons	
16	Northampton	Vitamins and Infestation	Numark/Fisons	
20	Glasgow	Retail Training 2		Vantage
April				
5	London	Photography		NPA
10	Bristol	To be announced		NPA
11	Bristol	To be announced		NPA
12	Leicester	Diagnostic Testing	Numark/Unipath	
12	Bristol	To be announced		NPA
13	London	Baby Care		NPA
19	Leicester	Infant Nutrition	Numark/Crookes	
20	Norwich	Retail Training 1		Vantage
May				
2	London	To be announced		NPA
3	London	To be announced		NPA
4	London	To be announced		NPA
10	Northampton	Diagnostic Testing	Numark/Unipath	
17	London	Display in the Pharmacy		NPA
Courses for pharmacists will be published in Chemist & Druggist's Coming Events column.				

Diary

NATURAL



OIL



RESERVES.



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And because GLA has to be made in the body – being converted from some of the foods we eat, it is often beneficial to ensure adequate supplies by supplementation.

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